# MEPS HC-012:
# 1996 Full Year
# Consolidated Data File

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**Agency for Healthcare Research and Quality**
**Center for Cost and Financing Studies**

# User Note

This file consolidates all of the final 1996 person-level variables onto one file. This file supercedes files HC-002, HC-003, HC-004, HC-008 and HC-011, as well as the October 2000 version of HC-012. Revisions incorporated in this version of HC-012 include the addition of summary yearly health insurance variables and updated prescribed drug and total expenditure data. MEPS collects data at the "event" (hospitalization, doctor visit, medication purchase/obtainment) level. Expenses associated with each event are summed to create the person-level totals available on this file. Due to differences in rounding, expenditure totals from this file may not be identical to totals calculated from the 1996 event-level files (HC-010A through HC-010H). See the 1996 Appendix File (HC-010I) for additional information on rounding.

# Table of Contents

# A. Data Use Agreement

Individual identifiers have been removed from the microdata contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis.

2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director, Office of Management, AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.

3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above-stated statutorily based requirements, with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to $10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

# B.  Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS).  The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents.  MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC).  The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components.  Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977, the National Medical Expenditure Survey (NMES-2) in 1987.  Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities.  To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and continuous longitudinal data collection for core survey components.  The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

## 1.0    Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed

data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household.  This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

## 2.0   Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents.  The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC.  Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.

- Associated with a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.

- Associated with a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).

- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).

- Inpatient stay codes classified by DRGs (diagnosis-related groups).

- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.

- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

## 3.0    Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance.  Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.

- A Bureau of the Census list frame of private-sector business establishments.

- The Census of Governments from Bureau of the Census.

- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual survey.  Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

## 4.0    Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996.  The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medicines, and health care expenditures of nursing home residents.  Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services

provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of approximately 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

## 5.0    Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

> AHRQ Publications Clearinghouse
> Attn: (publication number)
> P.O. Box 8547
> Silver Spring, MD 20907
> 800/358-9295
> 410/381-3150 (callers outside the United States only)
> 888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available from the Internet on the MEPS web site: <http://www.meps.ahrq.gov/>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality.

# C. Technical and Programming Information

## 1.0     General Information

This documentation describes the 1996 Full Year Consolidated Data File.  Released as an ASCII data file and a SAS transport file, this public use file provides information collected on a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of utilization and expenditures for calendar year 1996. This file consists of data obtained in Rounds 1, 2 and 3 of the survey (i.e., covering calendar year 1996) and contains variables previously released on MEPS public use files HC-002, -003, -004, -008 and -011.  These variables are unchanged and are being provided on one consolidated data file as a convenience for users.  This file also contains the following variables not previously released:  edited versions of parent ID variables; pregnancy indicator variables; and disability days indicator variables.

The following documentation offers a brief overview of the types and levels of data provided, the content and structure of the files, information on sampling weights and variance estimation,  and a codebook (contained in the file H12CB.PDF).

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Cohen, 1996.   For information on the MEPS MPC design, see S. Cohen, 1998.  A copy of the survey instrument used to collect the information on this file is available on the MEPS web site at the following address: <http**://**www.meps.ahrq.gov>.

## 2.0     Data File Description

This public use data set contains one record for each of 22,601 persons from the Household Component of the 1996 Panel of the Medical Panel Expenditure Survey.  This count includes all household survey respondents who resided in eligible responding households.  Of these persons, a total of 21,571 were assigned a positive person level weight.  For each variable on the file, both weighted and unweighted frequencies are provided in the codebook.  In conjunction with the weight variable (WTDPER96) provided on this file, data for these persons can be used to make estimates for the civilian non-institutionalized U.S. population for 1996.

Data from this file can be merged with other 1996 MEPS HC data files using the unique person identifier, DUPERSID.

A crosswalk file which facilitates the linkage of this file to any of the 1995 National Health Interview Survey Public Use data files is available upon request by sending an e-mail to mepspd@ahrq.gov.

## 2.1    Codebook Structure

For each variable on the file, both weighted and unweighted frequencies are provided. The codebook and data file sequence list variables in the following order:

> Survey administration variables
> Demographic and family relationship variables
> Income and tax filing variables
> Employment variables
> Insurance variables
> Pregnancy indicator variables
> Disability days indicator variables
> Health status and access to care variables
> Utilization, expenditures and source of payment variables
> Weight and variance estimation variables

## 2.2    Reserved Codes

The following reserved code values are used:

| VALUE | DEFINITION |
|---|---|
| -1 INAPPLICABLE | Question was not asked due to skip pattern. |
| -2 DETERMINED IN PREVIOUS ROUND | Question was not asked in round because there was no change in employment status or no change in current main job since previous round. |
| -3 NO DATA IN ROUND | Person has no data in round. |
| -7 REFUSED | Question was asked and respondent refused to answer question. |
| -8 DK | Question was asked and respondent did not know answer. |
| -9 NOT ASCERTAINED | Interviewer did not record the data. |

## 2.3    Codebook Format

This codebook describes an ASCII data set and provides the following information for each variable:

| IDENTIFIER | DESCRIPTION |
|---|---|
| Name | Variable name (maximum of 8 characters) |
| Description | Variable descriptor (maximum of 40 characters) |
| Format | Number of bytes |
| Type | Type of data:  numeric (indicated by NUM) or character (indicated by CHAR) |
| Start | Beginning column position of variable in record |
| End | Ending column position of variable in record |

## 2.4    Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation. Edited variables end in an X, and are so noted in the variable label.  The last character in round specific variables denotes the round of data collection.  Unless otherwise noted, variables that end in 96 represent status as of December 31, 1996. Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI.  The source of each variable is identified in the section of the documentation entitled "D.  Variable-Source Crosswalk."  Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled "RE Section;" (3) variables which come from one or more specific questions in the instrument have those question numbers listed in the "SOURCE" column; (4) variables constructed from multiple questions using complex algorithms are labeled "Constructed" in the column.

Additional details on naming conventions for utilization and expenditure variables can be found in Appendix 1.

## 3.0    Data File Contents

## 3.1    Survey Administration Variables (DUID-RURSLT3)

The survey administration variables contain information related to conducting the interview, household and family composition, and person-level and RU-level status codes. Data for the survey administration variables were derived from the sampling process, the CAPI programs, or were computed based on information provided by the respondent in the reenumeration section of the questionnaire.  Most Survey Administration variables on this file are asked during every round of the MEPS interview.  They describe data for Rounds 1, 2, and status as of December 31, 1996.

The December 31, 1996 variables were developed in two ways. Those used in the construction of eligibility, inscope, and the end reference date, were based on an exact date.  The remaining variables were constructed using data from specific rounds, if available.  If data were missing from the target round, but were available in another round, data from that other round were used

in the variable construction.  If no valid data were available during any round of data collection, an appropriate reserved code was assigned.

## Dwelling Units, Reporting Units, and Families

The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

A Reporting Unit (RU) is a person or group of persons in the sampled dwelling unit who are related by blood, marriage, adoption, foster care or other family association. Each RU was interviewed as a single entity for MEPS. Thus, the RU serves chiefly as a family-based "survey operations" unit rather than an analytic unit. Members of each RU within the DU are identified in the first two rounds by the round-specific variables RULETTR1 and RULETTR2. End-of-year status (as of December 31, 1996) is indicated by the RULETR96 variable.  Regardless of the legal status of their association, two persons living together as a "family" unit were treated as a single reporting unit if they chose to be so identified. Examples of different types of reporting units are:

1. A married daughter and her husband living with her parents in the same dwelling unit constitute a single reporting unit.

2. A husband and wife and their unmarried daughter, age 18, who is living away from home while at college constitute two reporting units.

3. Three unrelated persons living in the same dwelling unit would each constitute a distinct reporting unit, three reporting units in all.

Unmarried college students less than 24 years of age who usually live in the sampled household, but were living away from home and going to school at the time of the Round 1 MEPS interview, were treated as a reporting unit separate from that of their parents for the purpose of data collection. The round-specific variables RUSIZE1 and RUSIZE2 and the end-of-year status variable RUSIZE96 indicates the number of persons in each RU, treating each student as a single RU separate from their parents. Thus, students are not included in the RUSIZE count of their parents' RU.  However, for many analytic objectives, the student reporting units would be combined with their parents' reporting unit, treating the combined entity as a single family. Family identifier and size variables are described below and include students with their parents' reporting unit.

The round-specific variables FAMID1, FAMID2 and the end-of-year status variable FAMID96 identify a family (i.e., persons related to one another by blood, marriage, adoption, foster care, or self-identified as a single unit) for each round and as of December 31, 1996. The FAMID variables differ from RU only in that student reporting units are combined with their parent

reporting unit.

Two other family identifiers, FAMIDYR and CPSFAMID are provided on this file. The annualized family ID letter, FAMIDYR, identifies eligible members of the eligible annualized families within a DU. The CPSFAMID identifies eligible members of eligible CPS-like families at 12/31/1996. CPSFAMID represents a redefinition of MEPS families into families defined by the Current Population Survey (CPS). Some of the distinctions between CPS and MEPS defined families are that MEPS families include and CPS families do not include: non-married partners, foster children, and in-laws. These persons are considered as members of separate families for CPS-like families. The reason CPS-like families are defined is so that a poverty status classification variable consistent with established definitions of poverty can be assigned to the CPS-like familes and used for weight poststratification purposes. In order to identify a person's family affiliation users must create a unique set of FAMID variables by concatenating the DU identifier and the FAMID variable. Instructions to create family estimates are described in section 4.2.2.

The round-specific variables FAMSIZE1, FAMSIZE2 and the end-of-year status variable FAMSZE96 indicate the number of persons associated with a single family unit after students are linked to their associated parent RUs for analytical purposes. Family-level analyses should use the FAMSIZE variables.

Note: the variables RUSIZE1, RUSIZE2, RUSIZE96, FAMSIZE1, FAMSIZE2, and FAMSZE96 exclude persons who are ineligible for data collection (i.e., those where ELIGRND1 ne 1 or ELIGRND2 ne 1 or ELIGRND96 ne 1); analysts should exclude ineligible persons in a given round from all family-level analyses for that round.

The round-specific variables RURSLT1, RURSLT2, and RURSLT3 indicate the RU response status for each round. Users should note that the values for RURSLT1 differ from those for RURSLT2 and RURSLT3. The values for RURSLT1 include the following:

  60  Complete with RU member

  61  Complete with proxy--all RU members deceased

  62  Complete with proxy--all RU members institutionalized or deceased

  63  Complete with proxy, other

The values for RURSLT2 and RURSLT3 include the following:

  60  Complete with RU member

  61  Complete with proxy--all RU members deceased

  62  Complete with proxy--all RU members institutionalized or deceased

63    Complete with proxy, other

71    Reenumeration complete, no eligible RU members, ineligible

72    RU institutionalized in prior round, still institutionalized

95    Eligible RU member(s) institutionalized, no proxy

There are several other variables that characterize the reporting unit. The round-specific variables RUCLASS1, RUCLASS2 and the end-of-year status variable RUCLAS96 indicate the RU classification.  RUs are classified for fielding purposes as 1 "Standard," 2 "New RU," or 3 "Student RU."  Standard RUs are the original RUs from NHIS.  All primary RUs are classified as standard RUs.  A new RU is one which has been created when members of the household leave the primary RU and are followed according to the rules of the survey.  A student RU is one in which an unmarried college student under 24 years of age is considered a usual member of the household but was living away from home while going to school and was treated as a Reporting Unit (RU) separate from that of their parents for the purpose of data collection.  RUCLAS96 was set based on the RUCLASS values from Rounds 1, 2, and 3.  If the person was present in the responding RU in Round 3, then RUCLAS96 was set to RUCLASS3.  If the person was not present in a responding RU in Round 3, but was present in Round 2, then RUCLAS96 was set to RUCLASS2. If the person was not present in either Rounds 2 or 3, but was present in Round 1, then RUCLAS96 was set to RUCLASS1.  If the person was not linked to a responding RU during any round then RUCLAS96 was set to -9.

## Reference Period Dates

The reference period is the period of time for which data were collected in each round for each person.  The reference period dates were determined during the interview for each person by the CAPI program. The round-specific beginning reference period dates are included for each person.  These variables include BEGREFM1, BEGREFD1, BEGREFY1, BEGREFM2, BEGREFD2, BEGREFY2, BEGREFM3, BEGREFD3, and BEGREFY3. The reference period for Round 1 for most persons identified at NHIS began on January 1, 1996 and ended on the date of the Round 1 interview. For RU members who joined later in Round 1, the beginning Round 1 reference date was the date the person entered the RU.  For subsequent rounds, the reference period for most persons began on the date of the previous round's interview and ended on the date of the current round's interview.  Persons who joined after the previous round's interview had their beginning reference date for the round set as the day they joined the RU.

The round-specific ending reference period dates for Rounds 1 and 2 as well as the end-of year reference period end date variables are also included for each person.  These variables include ENDREFM1, ENDREFD1, ENDREFY1, ENDREFM2, ENDREFD2, ENDREFY2, ENDRFM96, ENDRFD96, and ENDRFY96.  For most persons in the sample, the date of the interview is the reference period end date.  Note that the end date of the reference period is prior to the date of the interview if the person was deceased during the round, left the RU, or was institutionalized prior to that round's interview, or left the RU to join the military.

## Reference Person Identifiers

The round specific variables REFPERS1 and REFPERS2 and the end-of-year status variable REFPRS96 identify the reference person for Rounds 1 and 2 and as of December 31, 1996. In general, the reference person is defined as the household member 16 years of age or older who owns or rents the home. If more than one person meets this description, the household respondent identifies one from among them. If the respondent was unable to identify a person fitting this definition, the questionnaire asked for the head of household and this person was then considered the reference person for that RU. This information was collected in the Reenumeration section of the CAPI questionnaire.

## Respondent Identifiers

The respondent is the person who answered the interview questions for the reporting unit (RU). The round specific variables RESP1 and RESP2 and the end-of-year status variable RESP96 identify the respondent for Rounds 1 and 2 and as of December 31, 1996. Only one respondent is identified for each RU. In instances where the interview was completed in more than one session, only the first respondent is indicated.

There are two types of respondents. The respondent can be either an RU member or a non-RU member proxy. The round specific variables PROXY1 and PROXY2 and the end-of-year status variable PROXY96 identify the type of respondent for Rounds 1 and 2 and as of December 31, 1996.

## Person Status

A number of variables describe the various components reflecting each person's status for each round of data collection. These variables provide information about a person's inscope status, keyness status, eligibility status, and disposition status. These variables include: INSCOPE, INSCOPE1, INSCOPE2, INSCOP96, KEYNESS, ELIGIBLE, ELIGRND1, ELIGRND2, ELGRND96, PSTATUS1, PSTATUS2, and PSTATUS3. These variables are set based on sampling information and responses provided in the reenumeration section of the CAPI questionnaire.

Through the reenumeration section of the CAPI questionnaire, each member of a reporting unit was classified as "key" or "non-key", "inscope" or "out-of-scope", and "eligible" or "ineligible" for MEPS data collection. To be included in the set of persons used in the derivation of MEPS person level estimates, a person had to be a member of the civilian non-institutionalized population for at least one day during 1996. Because a person's eligibility for the survey might have changed since the NHIS interview, a sampling reenumeration of household membership was conducted at the start of each round's interview. Only persons who were "inscope" sometime during the year, "key", and responded for the full period in which they were inscope were

assigned positive person level weights and thus are to be used in the derivation of person level national estimates from the MEPS.

Note: if analysts want to subset to infants born during 1996, then newborns should be identified using AGE96X =0 rather than PSTATUS=51.

## Inscope

A person was considered as inscope during a round if he or she was a member of the U.S. civilian, non-institutionalized population at some time during that round. The round specific variables INSCOPE1 and INSCOPE2 indicate a person's inscope status for rounds 1 and 2. INSCOP96 indicates a person's inscope status for the portion of round 3 that covers 1996. The values of these three variables taken in conjunction allow one to determine inscope status over time (for example, becoming inscope in the middle of a round, as would be the case for newborns). The INSCOPE variable indicates whether a person was ever inscope during the calendar year 1996. INSCOPE1, INSCOPE2, and INSCOP96 will contain the following values (for INSCOP96, "reference period" in the description below is the portion of Round 3 in 1996):

0   Incorrectly listed, or on NHIS roster but out-of-scope prior to January 1, 1996

1   Person is inscope for the whole reference period

2   Person is inscope at the start of the RU reference period, but not at the end of the RU reference period.

3   Person is not inscope at the start of RU reference period, but is inscope at the end of the RU reference period. (E.g., the person is inscope from the date the person joined the RU or the person was in the military in the previous round, but is no longer in the military in the current round.)

4   Person is inscope during the reference period, but neither at the reference start date nor on the reference end date. (E.g., Person leaves an institution, goes into community, and then dies.)

5   Person is out-of-scope for all of the reference period during which they are in an RU member (i.e. The person is in the military.)

6   Person is out-of-scope for the entire reference period and is not a member of the RU during this time period and was inscope and an RU member in an earlier round.

7   Person is not in an RU, joined in a later round (or joined RU after December 31, 1996 for INSCOP96)

8   RU Non-response and Key persons who left an RU with no tracing info and so a new RU was not formed

9    Person is non-key or full time in the military, not a member of an RU during this time period, and was an RU member in an earlier round

## Keyness

The term "keyness" is related to an individual's chance of being included in MEPS. A person is key if that person is linked for sampling purposes to the set of 1995 NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the 1995 NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States).

A non-key person is one whose chance of selection for the NHIS (and MEPS) was associated with a household eligible but not sampled for the NHIS, and who later became a member of a MEPS reporting unit. MEPS data, (e.g., utilization and income) were collected for the period of time a non-key person was part of the sampled unit to provide information for family level analyses. However, non-key persons who leave a sample household unaccompanied by a key, inscope member were not followed for subsequent interviews. Non-key individuals do not receive sample person-level weights and thus do not contribute to person level national estimates.

The variable KEYNESS indicates a person's keyness status. This variable is not round-specific. Instead, it is set at the time the person enters MEPS, and the person's keyness status never changes. Once a person is determined to be key, that person will always be key.

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S. population. For example, a person in the military may have been living with his or her civilian spouse and children in a household sampled for the 1995 NHIS. The person in the military would be considered a key person for MEPS, however, such a person would not be eligible to receive a person-level sample weight if he or she was never inscope during 1996.

## Eligibility

The eligibility of a person for MEPS pertains to whether or not data were to be collected for that person. All key, inscope persons of a sampled RU were eligible for data collection. The only non-key persons eligible for data collection were those who happened to be living in an RU with at least one key, inscope person. Their eligibility continued only for the time that they were living with at least one such person. The only out-of-scope persons eligible for data collection were those who were living with key inscope persons, again only for the time they were living with such a person. Only military persons can meet this description (for example, a person on full time active duty military, living with a spouse who is key).

A person may be classified as eligible for an entire round or for some part of a round.  For persons who are eligible for only part of a round (for example, persons may have been institutionalized during a round) data were collected for that person only for the period of time for which that person was classified as eligible.  The round specific variables ELIGRND1 and ELIGRND2 and the end-of-year status variable ELGRND96 indicate a persons eligibility status for Rounds 1 and 2 and as of December 31, 1996.  The ELIGIBLE variable indicates if a person was ever eligible during the calendar year 1996.

## Person Disposition Status

The round-specific variables PSTATUS1, PSTATUS2, and PSTATUS3 indicate a person's response and eligibility status for each round of interviewing. The PSTATUS variables indicate the reasons for either continuing data collection for a person or terminating data collection for each person in the MEPS.  Using this variable, one could identify persons who moved during the reference period, died, were born, institutionalized or who were in the military. Analysts should note that PSTATUS3 provides a summary for all of Round 3, including transitions that occurred after 1996.  However, PSTATUS3 is still a useful guide to following transitions that occur over time in the sample for 1996.

The following codes specify the value labels for the PSTATUS variables.

-1    The person was not fielded during the round or the RU was non-response

 0    Incorrectly listed in RU at NHIS -applies to MEPS Round 1 only

11    Person in original RU , not full time active military duty

12    Person in original RU, full time active military duty, out-of-scope for whole reference period.

13    Full time student living away from home, but associated with sampled RU

14    The person is full time active military duty during round and is inscope for part of the reference period and is in the RU at the end of the reference period

21    The person remains in a health care institution for the whole round - rounds 2 and 3 only

22    The person leaves a health care institution and rejoins the community - rounds 2 and 3 only

23    The person leaves a health care institution, goes into community and then dies - rounds 2 and 3 only

24    The person dies in a health care institution during the round (former RU member) - rounds 2 and 3 only

31    Person from original RU, dies during reference period

32    Went to health care institution during reference period

33    Went to non-healthcare institution during reference period

34    Moved from original RU, outside U.S. (not as student)

35    Moved from original RU, to a military facility while on full time active military duty

36    Went to institution (type unknown) during reference period

41    Moved from the original RU, to new RU within U.S. (new RUs include RUs originally classified as "Student RU" but which converted to "New RU")

42    The person joins RU and is not full time military during round

43    The person's disposition as to why the person is not in the RU is unknown or the person moves and it is unknown whether the person moved inside or outside the U.S.

44    The person leaves an RU and joins an existing RU and is not both in the military and coded as inscope during the round

51    Newborn in reference period

61    Died prior to reference period (not eligible)-Round 1 only

62    Institutionalized prior to reference period (not eligible)-Round 1 only

63    Moved outside U.S., prior to reference period (not eligible)-Round 1 only

64    Full time military, living on a military facility, moved prior to reference period (not eligible)-Round 1 only

71    Student under 24 living away at school in grades 1-12 (non-KEY)

72    Person is dropped from the RU roster as ineligible: the person is a non-key student living away or the person is not related to reference person or the RU is the person's residence only during the school year

73    Not Key and not full-time military, moved w/o someone key and inscope (not eligible)

74    Moved as full-time military but not to a military facility and w/o someone key and inscope (not eligible this round)

81    Person moved from original RU, full time student living away from home, did not respond

In addition, the variable INRU1231 indicates if a person was present in the RU on December 31, 1996.  Persons living in the RU as well as any person coded as "living away in grades 1-12" will have a value of "1" indicating "Yes, the person was present on December 31, 1996."

## Navigating the MEPS Data with Information on Person Disposition Status

Since the variables PSTATUS1, PSTATUS2, and PSTATUS3 indicate the reasons for either continuing or terminating data collection for each person in MEPS, these variables can be used to explain the beginning and ending dates for each individual's reference period of data collection, as well as which sections in the instrument each individual received. By using the information included in the table below, analysts will be able to determine for each individual which sections of the MEPS questionnaire collected data elements for that person.

Some individuals have a reference period that spans an entire round, while other individuals may have data collected only for a portion of the round. When an individual's reference period does not coincide with the RU reference period, the individual's start date may be a later date, or their end date may be an earlier date, or both. In addition, some individuals have reference period information coded as inapplicable (e.g., for individuals who were not actually in the household). The information in this table indicates the beginning and ending dates of reference periods for persons with various values of PSTATUS1, PSTATUS2, and PSTATUS3. The actual dates for each individual can be found in the following variables included on this file: BEGREFM1, BEGREFM2, BEGREFM3, BEGREFD1, BEGREFD2, BEGREFD3, BEGREFY1, BEGREFY2, BEGREFY3, ENDREFM1, ENDREFM2, ENDREFD1, ENDREFD2, ENDREFY1, ENDREFY2, ENDRFM96, ENDRFD96, and ENDRFY96.

The table below also describes the section or sections of the questionnaire which were **NOT** asked for each value of PSTATUS1, PSTATUS2, and PSTATUS3**.** For example, the condition enumeration (CE) and alternative/preventive care (AP) sections have questions which are not asked for deceased persons. The closing section (CL) also contains some questions or question rosters (see CL06A, CL35 through CL37, CL48 through CL50, CL54, CL58, and CL64) that exclude certain persons depending on whether the person died, became institutionalized, or otherwise left the reporting unit; however, no one is considered to have skipped the entire section. Some questions or sections (e.g., health status (HE), employment (RJ, EM, EW)) are skipped if individuals are not within a certain age range. Since the PSTATUS variables do not address skip patterns based on age, analysts will need to use the appropriate age variables.

Please note that the end reference date shown below for PSTATUS3 reflects the Round 3 reference period rather than the portion of Round 3 which occurred during 1996.

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| -1 | The person was not fielded during the round or the RU was non-response | ALL sections | Inapplicable | Inapplicable |

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| 0 | Incorrectly listed in RU at NHIS B Round 1 only | ALL sections after RE | Inapplicable | Inapplicable |
| 11 | Person in original household, not FT active military duty (Person is in the same RU as the previous round) | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Interview date |
| 12 | Person in original household, FT active military duty, out-of-scope for whole reference period. | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Interview date |
| 13 | FT student living away from home, but associated with sampled household | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Interview date |
| 14 | The person is FT active military duty during round and is in-scope for part of the reference period and is in the RU at the end of the reference period | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | PSTATUS1: Interview date PSTATUS2 and PSTATUS3: If the person is living w/ someone key and in-scope, then the interview date. If not living w/ someone who is key and in-scope, then the date the person joined the military |
| 21 | The person remains in a health care institution for the whole round B rounds 2 and 3 only | All sections after RE | Inapplicable | Inapplicable |
| 22 | The person leaves a health care institution and rejoins the community B rounds 2 and 3 only | -- | Date rejoined the community | Interview date |

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| 23 | The person leaves a health care institution, goes into community and then dies B rounds 2 and 3 only | Part of CE B Condition enumeration: Skip CE1 to-CE5 HE B Health status AC B Access to care Part of AP B Alternative/Preventive care: Skip AP12 to AP22 | Date rejoined the community | Date of Death |
| 24 | The person dies in a health care institution during the round (former household member) B rounds 2 and 3 only | All sections after RE | Inapplicable | Inapplicable |
| 31 | Person from original household, dies during reference period | Part of CE B Condition enumeration: Skip CE1 to-CE5 HE B Health status AC B Access to care Part of AP B Alternative/Preventive care: Skip AP12 to AP22 | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date of Death |
| 32 | Went to healthcare institution during reference period | Access to care (AC) | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date institutionalized |
| 33 | Went to non-healthcare institution during reference period | Access to care (AC) | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date institutionalized |
| 34 | Moved from original household, outside US | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date left the RU |

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| 35 | Moved from original household, to a military facility while on FT active military duty | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date left the RU |
| 36 | Went to institution (type unknown) during reference period | Access to care (AC) | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Date institutionalized |
| 41 | Moved from the original household, to new household within US (new households include RUs originally classified as a student RU but which converted to a new RU. These are individuals in an RU that has split from an RU since the previous round | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Interview date |
| 42 | The person joins household and is not full time military during round | -- | The later date of January 1, 1996 and the date the person joined the RU | Interview date |
| 43 | The person's disposition as to why the person is not in the RU is unknown or the person moves and it is unknown whether the person moved inside or outside the U.S. | All sections after RE | Inapplicable | Inapplicable |

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| 44 | The person leaves an RU and joins an existing RU and is not both in the military and coded as inscope during the round | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date of the RU the person has joined. This may not be the interview date of the RU that the person came from | Interview date |
| 51 | Newborn in reference period | Questions where age must be > 1 (see Health status (HE), Disability days (DD) Employment (RJ/EM/EW) will be skipped | PSTATUS1: January 1, 1996 if born prior to 1996. The date of birth if born in 1996. PSTATUS2 and PSTATUS3: The later of the Prior round interview date and date of birth | Interview date |
| 61 | Died prior to reference period (not eligible)--Round 1 only | All sections after RE | Inapplicable | Inapplicable |
| 62 | Institutionalized prior to reference period (not eligible)––Round 1 only | All sections after RE | Inapplicable | Inapplicable |
| 63 | Moved outside U.S., prior to reference period (not eligible)--Round 1 only | All sections after RE | Inapplicable | Inapplicable |
| 64 | FT military, moved prior to reference period (not eligible)--Round 1 only | All sections after RE | Inapplicable | Inapplicable |
| 71 | Student under 24 living away at school in grades 1 thru 12 (non-KEY) | -- | PSTATUS1: January 1, 1996 PSTATUS2 and PSTATUS3: Prior round interview date | Interview date |

| PSTATUS Value | PSTATUS Description | Sections in the instrument which persons with this PSTATUS value do NOT receive | Begin Reference Date | End Reference Date |
|---|---|---|---|---|
| 72 | Person is dropped from the RU roster as ineligible: the person is a non-key student living away or the person is not related to reference person or the RU is the person's residence only during the school year | All sections after RE | Inapplicable | Inapplicable |
| 73 | Not Key and not full-time military, moved w/o someone key and in-scope (not eligible) | All sections after RE | Inapplicable | Inapplicable |
| 74 | Moved as full-time military but not to a military facility and w/o someone key and in-scope (not eligible) | All sections after RE | Inapplicable | Inapplicable |
| 81 | Person moved from original household, FT student living away from home, did not respond | No data was collected | Inapplicable | Inapplicable |

## Geographic Variables

The round-specific variables REGION1, REGION2, REGION3, and the end-of-year status variable REGION96 indicate the Census region for the RU. REGION96 indicates the region for the 1996 portion of Round 3. For most analyses, REGION96 should be used. The round-specific variable MSA3 and the end-of-year status variable MSA96 indicate whether or not the RU is found in a metropolitan statistical area. MSA3 indicates the MSA status at the time of the Round 3 interview. MSA96 indicates the MSA status for the 1996 portion of Round 3. For most analyses, analysts should use MSA96 rather than MSA3.

### 3.2    Demographic and Family Relationship Variables (AGE1X-DADPID2X)

These variables provide information about the demographic characteristics of each person. As noted below, some variables have edited and imputed values. Most demographic variables on this file are asked during every round of the MEPS interview. These variables describe data for Rounds 1 and 2, status as of December 31, 1996, as well as a number of characteristics which are not round specific.

The December 31, 1996 variables were developed in two ways. For age, this variable represents

exact age as of 12/31/96, calculated from date of birth. For the remaining December 31st variables (marital status, education, and student status) the following algorithm was used: data were taken from Round 2 if non-missing; else data were taken from the Round 3 counterpart; else from the Round 1 counterpart. If no valid data were available during any of these Rounds of data collection, the same algorithm was followed to assign a missing value other than "-1 Inapplicable."

For relationship to reference person at 12/31/96 (RFREL96X), an alternative algorithm was followed. To be consistent with the way the relationship data were used for post-stratification of the weights, relationship to reference person at 12/31/96 takes data first from Round 3, if non-missing; else from the Round 2 counterpart; else from the Round 1 counterpart.

## Sex

Data on the sex of each RU member (SEX), as determined during the NHIS interview, was verified and, if necessary, corrected during each MEPS interview. The data for new RU members (persons who were not members of the RU at the time of the NHIS interview) was also obtained during each MEPS Round. When sex of the RU member was not available from the NHIS interview and was not ascertained during one of the subsequent MEPS interviews, it was assigned in the following way. The person's first name was used to assign sex, if obvious (25 cases were resolved in this way). If the person's first name provided no indication of gender, then family relationships were reviewed (0 cases). If neither of these approaches made it possible to determine the individual's sex, sex was randomly assigned (3 cases).

## Age

Date of birth and age for each RU member were asked or verified during each MEPS interview (DOBMM, DOBYY, AGE1X, AGE2X). If date of birth was available, age was calculated based on the difference between date of birth and date of interview (or the date of death, if the person died prior to the interview date). Inconsistencies between the calculated age and the age reported during the CAPI interview were reviewed and resolved. For purposes of confidentiality, the variables AGE1X, AGE2X, and AGE96X were top coded at 90 years.

When date of birth was not provided but age was (from either the MEPS or the 1995 NHIS data), the month and year of birth were assigned randomly from among the possible valid options. For any cases still not accounted for, age was imputed using (1) the mean age difference between MEPS participants with certain family relationships (where available) or (2) the mean age value for MEPS participants. For example, a mother's age is imputed as her child's age plus the mean age difference between MEPS mothers and their children, or a wife's age is imputed as the husband's age plus the mean age difference between MEPS wives and husbands. Age was imputed in this way for eight persons on this file.

**Race, Race/Ethnicity, Hispanic Ethnicity, and Hispanic Ethnicity Group**

Race (RACEX) and Hispanic ethnicity (HISPANX) were asked for each RU member during the Round 1 MEPS interview. If this information was not obtained in Round 1, the questions were asked in subsequent Rounds. When race and/or ethnicity was not reported in the Round 1 interview, values for these variables were obtained based on the following priority order. When available, they were obtained from the originally collected NHIS data. If not ascertained, the race, and/or ethnicity were assigned based on relationship to other members of the DU using a priority ordering that gave precedence to blood relatives in the immediate family. This approach was used in the resolution of a residual group of 18 cases, 11 of which were missing both race and ethnicity and 7 of which were missing only ethnicity. The variable RACETHNX indicating both race and ethnicity (e.g., with categories such as "Hispanic" and "black but not Hispanic") reflects the imputations done for RACEX and HISPANX. The specific Hispanic ethnicity group is given in the unedited variable HISPCAT.

**Student Status and Educational Attainment**

The variables FTSTUD1X, FTSTUD2X and FTSTU96X indicate whether the person was a full-time student at the interview date (or 12/31/96 for FTSTU96X). These variables have valid values for all persons between the ages of 17 - 23 inclusive. When this question was asked during the Round 1 interview, it was based on age as of the NHIS interview date. For the 219 persons who were 17 years old at the Round 1 interview, but were 16 years old at the time of the NHIS, FTSTUD1X was set to -9.

Completed years of education are indicated in the variables EDUCYR1, EDUCYR2 and EDUCYR96. Information was obtained from questions RE 103-105. Children who are 5 years of age or older and who never attended school were coded as 0; children under the age of 5 years were coded as -1 "Inapplicable" regardless of whether or not they attended school.

The variables indicating highest degree (HIGHDEG1, HIGHDEG2 and HIDEG96) were obtained from two questions: high school diploma (RE 104) and highest degree (RE 105). Persons under 16 years of age were coded as 8 "inapplicable". In cases where the response to the highest degree question was "no degree" and highest grade was 13 through 17, the variable was coded as 3 "high school diploma". If highest grade completed for those with a "no degree" response was "refused" or "don't know", the variable was coded as 1 "no degree".

The user should note that the EDUCYR and HIGHDEG variables are unedited variables and minimal data cleaning was performed on these variables. Therefore, discrepancies across rounds of data remain for these two sets of variables. Decisions as to how to handle these discrepancies are left to the analyst.

**Marital Status and Spouse ID**

Current marital status was collected and/or updated during every Round of the MEPS interview. This information was obtained in RE13 and RE97 and is reported as MARRY1X, MARRY2X and MARRY96X. Persons under the age of 16 were coded as 6 "under 16 - inapplicable." If marital status in Round 2 was different than reported marital status in Round 1, the Round 2 response was edited to reflect a change during the Round (e.g., married in Round, divorced in Round, separated in Round, or widowed in Round). In instances where there were discrepancies between the marital status of two individuals within a family, other person-level variables were reviewed to determine the edited marital status for each individual. For example, when one spouse was reported as married and the other spouse reported as widowed, the data were reviewed to determine if one partner should be coded as 8 "widowed in Round ."

Four edits were performed to ensure minimal consistency across rounds. First, a person could not be coded as "Never Married" after previously being coded as any other marital status (e.g. "Widowed"). Second, a person could not be coded as "Under 16 - Inapplicable" after being previously coded as any other marital status. Third, a person could not be coded as "Married in Round" after being coded as "Married" in the Round immediately preceding. Fourth, a person could not be coded as an "in Round" code (e.g., "widowed in Round") in two subsequent Rounds. Because no other edits were performed, and marital status can change across Rounds, unlikely sequences for marital status across the Round-specific variables do exist.

The person identifier for each individual's spouse is reported in SPOUSID1, SPOUSID2 and SPOUID96. These are the PIDs (within each family) of the person identified as the spouse during Round 1, Round 2 and as of December 31, 1996, respectively. If no spouse was identified in the household, the variable was coded as 995 "no spouse in household." Those with unknown marital status are coded as 996. Persons under the age of 16 are coded as 997 "Less than 16 years old."

The SPOUSIN1, SPOUSIN2 and SPOUIN96 variables indicate whether a person's spouse was present in the RU during Round 1, Round 2 and as of December 31, 1996 respectively. If the person had no spouse in the household, the value was coded as 2. For persons under the age of 16 the value was coded as 3.

The SPOUSID and SPOUSIN variables were obtained from RE76 and RE77, where the respondent was asked to identify how each pair of persons in the household were related. Analysts should note that this information was collected in a set of questions separate from the questions that asked about marital status. While editing was performed to ensure that SPOUSID and SPOUSIN are consistent within each Round, there was no consistency check between these variables and marital status in a given Round. Apparent discrepancies between marital status and spouse information may be due to any of the following causes:

1. Ambiguity as to when during a Round a change in marital status occurred. This is a result of relationship information being asked for all persons living in the household at any time during the Round, while marital status is asked as of the interview date (e.g.,

If one spouse died during the reference period, the surviving spouse's marital status would be "widowed in Round," but SPOUSIN and SPOUSID for the same round would indicate that a spouse was present).

2. Valid discrepancies in the case of persons who are married but not living with their spouse, or separating but still living together.

3. Discrepancies which cannot be explained for either of the previous reasons.

## Military Service and Service Era

Information on active duty military status was collected during each Round of the MEPS interview. Persons currently on full-time active duty status are identified in the variables ACTDUTY1 and ACTDUTY2. Those under 16 years of age were coded as 3 "under 16-inapplicable" and those over the age of 59 were coded as 4 "over 59-inapplicable."

The variable DIDSERVE is only collected during Round 1 of the MEPS interview. It indicates if the person ever served in the Armed Forces. Persons under the age of 16 were coded as 3 "under 16-inapplicable." Individuals currently on active duty military service were coded as 4 "now active duty." Those individuals entering a MEPS household after Round 1 have DIDSERVE set to -1. Like DIDSERVE, data on service in specific eras was only collected during Round 1 of the MEPS interview. Individuals who were ever in the military (DIDSERVE=1) were asked if they served in either World War I or World War II (VETWW), the Korean War era (VETKOR), the Vietnam War era (VETVIET), the Post-Vietnam War era (VETPVIET), or another service era (VETOTH). Persons entering a MEPS household after Round 1 have these variables set to -1. Those under the age of 16 were coded as 3 "under 16-inapplicable" and those who never served in the military were coded as 4 "never in military".

The user should note that the DIDSERVE and veteran status variables were reviewed for consistency. The veteran status variables were minimally edited to insure that all individuals under 16 years of age were coded as 3 "under 16" for the specific veteran-era variables. However, no other age editing was performed, and thus it is possible for age/era inconsistencies to exist (e.g., AGE1X=17 and VETVIET=Yes).

## Relationship to the Reference Person within Reporting Units

For each reporting unit (RU), the person who owns or rents the dwelling unit is usually defined as the reference person. For student RUs, the student is defined as the reference person. (For additional information on reference persons, see the documentation on survey administration variables.) The variables REFREL1X, REFREL2X, and RFREL96X indicate the relationship of each individual to the reference person of the reporting unit (RU) in a given round. For the reference person, this variable has the value "self"; for all other persons in the RU, relationship to the reference person is indicated by codes representing "husband/spouse", "wife/spouse", "son", "daughter", "female partner", "male partner," etc. A code of 91, meaning "other related", was

used to indicate rarely observed relationship descriptions such as "mother of partner." If the relationship of an individual to the reference person was not ascertained during the Round-specific interview, relationships between other RU members were used, where possible, to assign a relationship to the reference person. If MEPS data from calendar year 1996 were not sufficient to identify the relationship of an individual to the reference person, relationship variables from the 1995 NHIS data were used to assign a relationship. In the event that a meaningful value could not be determined or data were missing, the relationship variable was assigned a missing value code.

For 262 cases, where two individuals' relationship indicated they were spouses, but both had marital status indicating they were not married, their relationship was changed to nonmarital partners. In addition, the relationship variables were edited to insure that they did not change across rounds for RUs in which the reference person did not change, with the exception of relationships identified as partner, spouse, or foster relationships.

## Parent Identifiers

The constructed MOMPIDnX and DADPIDnX variables are round specific and are used to identify the parents (biological, adopted, or step) of the person represented on that record. MOMPIDnX contains the person identifier (PID) for each individual's mother if she lived in the dwelling unit in Rounds 1 through 2 (n = Round number) of the survey, or a value of "inapplicable" (-1) if she did not. Similarly, DADPIDnX contains the person identifier (PID) for each individual's father if he lived in the dwelling unit (DU) during the round, or a value of "inapplicable" (-1) if he did not. MOMPIDnX and DADPIDnX were constructed based on information collected in the relationship grid in the Round 1 - 2 instrument at questions RE76 and RE77 and include biological, adopted, and step parents.

Edits were performed to ensure that MOMPIDnX and DADPIDnX were consistent with each individual's age, sex, and other relationships within the family. For instance, the gender of the parent must be consistent with the indicated relationship, mothers are at least 12 years older than the person, and no more than 55 years older than the person, fathers are at least 12 years older than the person, each person has no more than one mother and no more than one father, any values set for MOMPIDnX/DADPIDnX were removed for any person identified as a foster child, and the PID for the person's mother and father are valid PIDs for that person's DU in that Round. For persons who were not present in the household during the round, MOMPIDnX and DADPIDnX have values of "inapplicable" (-1).

## 3.3    Income and Tax Filing Variables (SSIDISAB-REFDIMP)

The file provides income and tax-related variables that were constructed primarily from data collected in the Round 3 Income Section. Person-level income amounts have been edited and imputed for every record on the full-year file, with detailed imputation flags provided as a guide to the method of editing. The tax-filing variables and some program participation variables are unedited as discussed below.

Logical editing or weighted, sequential hot-deck imputation was used to impute income amounts for missing values (both for item non-response and for persons in the full-year file who were not in Round 3). Reported income components were generally left unedited (with the few exceptions noted below). Thus, analysts using these data may wish to apply additional checks for outlier values that would appear to stem from misreporting.

The editing process began with wage and salary income, WAGEPNX. Complete responses were left unedited, and the associated imputation flag was set to WAGEIMP=1. The only exception was for a small number of persons who reported zero wage and salary income despite having been employed for pay during the year according to round level data (see below). Since data on tax filing and on taxable income sources were collected using an approach that encouraged respondents to provide information from their federal tax returns, logical edits were used to assign separate income amounts to married persons whose responses were based on combined income amounts on their joint tax returns.

The second group (WAGEIMP=2) consisted of persons who provided broad income ranges rather than giving specific dollar amounts. We used weighted sequential hot-decking to provide these individuals with specific dollar amounts. For this imputation, donors were persons who gave specific dollar amounts within the corresponding broad income ranges. All WAGEPNX hot-deck imputations used cells defined on the basis of a conventional list of person-level characteristics including age, education, employment status, race, sex, and region.

The third group (WAGEIMP=3) were persons who did not report wage and salary income and who were assigned WAGEPNX=0 based on either being under 16 or not having been employed during the year.

The fourth group (WAGEIMP=4) consisted of persons who did not provide valid dollar amounts or dollar ranges, but for whom we had information from the employment sections of Rounds 1, 2, and 3 concerning wages, hours, and weeks worked (in all jobs). We used these data to construct annualized wage amounts that we used in place of missing annual wage and salary data. Comparisons of reported and constructed wages and salaries using persons who provided both sorts of information made us highly confident that employment data could be reliably used to fill in missing wage and salary information (the two measures were highly correlated and the means differed by less than $20). To implement this approach, part-year responders were assumed to be fully-employed during the remainder of the year if they were employed during the period in which they provided data – the exception being those who left due to death or institutionalization. These persons were assigned zero wages and salaries for the time they were not in MEPS.

Remaining persons with missing WAGEPNX were hot-decked amounts from donor pools that included persons whose WAGEPNX amounts were edited in the steps described above. Whenever possible, the hot-deck imputations used data on whether or not the person had been employed at any point during the year (and, if available, the number of weeks worked). Persons deemed to have been employed were hot-decked in conditional imputations that used only donors with positive WAGEPNX amounts (WAGEIMP=5). Remaining persons were hot-decked

WAGEPNX in an unconditional imputation that used both workers and nonworkers as donors (WAGEIMP=6).

Having edited WAGEPNX for all persons in the full-year file, we then edited the remaining income sources in the following sequence: INTRPNX, BUSNPNX, FARMPNX, DIVDPNX, REFDPNX, ALIMPNX, SALEPNX, TRSTPNX, PENSPNX, IRASPNX, SSECPNX, UNEMPNX, WCMPPNX, VETSPNX, CASHPNX, OTHRPNX, CHLDPNX, SSIPNX, and PUBPNX. Income components were edited sequentially, in each case using information regarding income amounts that had already been edited (so as to maintain patterns of correlation across income sources whenever possible). In all cases, bracketed responses were edited first (using hot-deck imputations from donors in corresponding brackets who gave specific dollar amounts), followed by hot-decking for remaining missing values. The hot-deck imputations used cells defined on the basis of income amounts already edited and a conventional list of person-level characteristics such as age, education, employment status, race, sex, and region. In addition, hot-deck imputations for CHLDPNX used family-level information concerning marital status and the number of children. SSIPNX and PUBPNX were also hotdecked in part using simulated program eligibility indicators that integrated state-level program eligibility criteria with data on family composition and income.

Reported income amounts less than 1 dollar were treated as missing amounts (to be hotdecked from donors with positive amounts of the corresponding income source). Also, a very few cases of outlier responses were edited (primarily public sources of income that exceeded possible amounts). With only one other exception, reported income amounts were left unchanged. The exception is Social Security Income, SSECPNX, which was under-reported in the MEPS by approximately 25 percent relative to the March 1997 Current Population Survey (CPS). Comparison with the CPS identified the source of the MEPS under reporting to be persons aged 65 and older who failed to report any SSECPNX despite having also reported no earned income. Persons over 65 with neither earnings nor Social Security income are quite rare in the CPS, giving us confidence in editing these responses. Using the CPS, a probabilistic model was developed to select persons/couples whose values of SSECPNX were changed from zero to a positive (imputed) amount.

For all of the income components, *xx*IMP variables contain indicators concerning the method for editing/imputation. All the flag variables have the following formatted values: 1=Original response used; 2=Bracket converted; 3=Missing value set to 0; 4=Weeks worked/earnings used (WAGEIMP only); 5=Conditional hotdeck; 6=Unconditional hotdeck. Missing values were set to zero when there were too few recipients to warrant hotdecking positive values (as in the case of ALIMPNX received by males or WAGEPNX received by persons under age 16). Conditional hotdecks refer to cases where the respondent indicated receipt but not a specific dollar amount. In these cases, the donor pool was restricted to persons with nonzero amounts of the income source in question. Unconditional hotdecks expanded the donor pool to include persons receiving both zero and nonzero amounts (implemented in cases where we had little or no information about whether the person received the income source or not).

Total person-level income (TTLPNX) is the sum of all income components with the exception of REFDPNX and SALEPNX (so that we are following as closely as possible the CPS definition of income). Some researchers may wish to define their own income measure by adding in one or both of these excluded components.

The tax variables, food stamp variables, SSI disability flag, and AFDC participation flag are all completely unedited. In particular, while the tax variables are provided to assist researchers building tax simulation programs, they contain substantial item nonresponse, and no effort was made to eliminate inconsistencies with other MEPS data. All of these unedited variables should be used with great care.

## Income Top-Coding

All income amounts on the file, including both total income and the separate sources of income, were top coded to preserve confidentiality. For each income source, top codes were applied to the top percentile of all cases (including negative amounts that exceeded income thresholds in absolute value). In cases where fewer than one percent of all persons received a particular income source, we top-coded all recipients. Top-coded income amounts were masked using a regression-based approach. The regressions relied on many of the same variables used in the hot-deck imputations, with the dependent variable in each case being the natural logarithm of the amount that the income component was in excess of its top-code threshold. Predicted values from this regression were reconverted from logarithms to levels using a smearing correction, and these predicted amounts were then added back to the top-code thresholds. This approach preserves the component-by-component weighted means (both overall and among top-coded cases), while also preserving much of the income distribution conditional on the variables contained in our regressions. At the same time, this approach ensures that every reported amount in excess of its respective threshold is altered on the public use file. The process of top-coding income amounts in this way inevitably introduces measurement error in cases where income amounts were reported correctly by respondents. Note, however, that top-coding can also help to reduce the impact of outliers that occur due to misreporting.

Total income is constructed as the sum of the adjusted income components. Having constructed total income in this manner, we then top-coded this total using the same regression-based procedure described above (again masking the top percentile of cases). Finally, we scaled the components of income up or down in order to make the sources of income consistent with the newly-adjusted totals.

## Poverty Status

The file includes a categorical variable for 1996 family income as a percentage of poverty (POVCAT). This variable was constructed primarily from data collected in the Round 3 Income Section. Logical editing or weighted, sequential hot-deck imputation was used to impute income amounts for missing values (both for item non-response and for persons in the full-year file who were not in Round 3). Round-level data on employment status, hours worked, and wages were

used to supplement earnings data collected in the Income Section.   Family income was constructed by constructing person-level total income comprising annual earnings from wages, salaries, bonuses, tips, commissions;  business and farm gains and losses; unemployment and workman's compensation; interest and dividends; alimony, child support, and other private cash transfers; private pensions, IRA withdrawals, social security, and veterans payments; supplemental security income and cash welfare payments from public assistance, Aid to Families with Dependent Children, and Aid to Dependent Children; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of "other" income.   Family income excluded tax refunds and capital gains.  Person-level income totals were then summed over family members as defined by CPSFAMID to yield the family-level total.  POVCAT is constructed by dividing family income by the applicable poverty line (based on family size and composition), with the resulting percentages grouped into the following 5 categories:

1. negative or poor (LT 100% poverty line)
2. near poor (100-124% poverty line)
3. low income (125-199% poverty line
4. middle income (200-399% poverty line)
5. high income (GE 400% poverty line)

 Persons missing CPSFAMID were treated as one-person families in constructing POVCAT.

## 3.4    Employment Variables (EMPST1-YCHJB231)

Employment questions were asked of all persons 16 years and older at the time of the interview. Employment variables consist of person level indicators such as employment status and job related variables such as hourly wage.  All job variables refer to a person's current main job.  The current main job, defined by the respondent, indicates the main source of employment.

Most employment variables pertain to status as of December 31, 1996; however, some variables refer to previous rounds and indicate the status as of that particular round's interview date.  The numbers in the variable name identify 12/31/96 or the round to which the variable relates.  For example, COCCP1 and COCCP2 refer to, respectively, condensed occupation codes for a current main job held on the Round 1 and Round 2 interview dates, while COCCP96 refers to the condensed occupation code of the current main job held on December 31, 1996.

With the exception of health insurance held and offered from a current main job, no attempt has been made to logically edit any employment variables.  When missing, values were imputed for certain persons' hourly wage; however, there was no editing of any values reported by the respondent.  With the exception of the variables indicating whether the employer has more than one location (MORE1, MORE2 and MORE96), all job-related variables that describe an employer refer to the establishment that is the location of a person's current main job.

In Rounds 2 and 3, the MEPS employment section used dependent interviewing.  If employment status and certain job characteristics did not change from the previous round, the respondent was

skipped through the employment section.  A code of -2 is used to indicate that the information in question was obtained in a previous round.  For example, if the HRWG96X (hourly wage for current main job as of December 31st) is coded as a -2, refer back to the Round 2 hourly wage (HRWG2X) or to the Round 1 hourly wage (HRWG1X)  if a  -2 also appears for Round 2.  Note that there may be a value for the Round 2 or Round 1 hourly wage or there may be an inapplicable code.  A value of -2 simply indicates that the person was skipped past the question at the time of the interview.  Obviously, to determine who should be skipped through various employment questions, certain information, such as employment status, had to be asked at every round and, thus, -2 codes do not apply to employment status.  Additionally, information on whether the person currently worked at more than one job and whether the person held health insurance from a current main employer were asked in every round, and, therefore, also have no  -2 codes.

## Employment Status (EMPST1, EMPST2 and EMPST96)

Employment status was asked for all persons aged 16 or older.  Responses to the employment status question were: currently employed for pay, not currently employed but have a job to return to, not currently employed but had a job during the round, and not currently employed and did not have a job during the reference period.  These responses are mutually exclusive.  A current main job was defined for persons reporting that they were currently employed and who identified a current main job, and for persons who reported and identified a job to return to.  Therefore, job-related information such as hourly wage exists for persons not presently working at the interview date but who have a job to return to.

If a person was not working at any of the round interview dates or at December 31$^{st}$, an attempt was made to determine the main reason why the person was not working. The variables NWK1, NWK2, and NWK96 indicate the various reasons that were given in the questionnaire as well as an other category.

Note, for the response "retired", no attempt was made to cross check with the question concerning whether a person ever retired (EVRET96).  The latter is dependent on the individual being 55 or older.  The NWK response of retired is not related to a person's age.

## Self-employed (SELFCM1, SELFCM2 and SELFCM96)

Information on whether an individual was self-employed as the current main job was obtained for all persons who reported a current main job.  Certain questions, namely those regarding benefits and hourly wage, were not asked of the self-employed.  These variables indicate whether the establishment reported by wage earners as their main source of employment offered the following fringe benefits:

> Paid sick leave to visit a doctor (PAYDR1, PAYDR2 and PAYDR96)
> Paid sick leave (SICPAY1, SICPAY2 and SICPAY96)
> Paid vacation (PAYVAC1, PAYVAC2 and PAYVAC96)
> Pension plan (RETPLN1, RETPLN2 and RETPLN96)

Those who were self-employed at their defined current main job are coded as inapplicable (-1) in all these variables.  Additionally, information on whether the firm has more than one establishment (MORE1, MORE2 and MORE96), and whether the establishment is a private for profit, nonprofit or a government entity (JOBORG1, JOBORG2 and JOBORG96) is not applicable for self-employed persons.  Conversely, the variables that measure whether a business is incorporated, a proprietorship, or a partnership (BSNTY1, BSNTY2 and BSNTY96) apply only to those who are self-employed at their current main job.

## Hourly wage (HRWG1X-HRHOW96)

Hourly wage was asked of all persons aged 16 or older who reported a current main job that was not self-employment.  An hourly wage was imputed using a weighted sequential hot-deck procedure for those identified as having a current main job which was not self-employment and who did not know their wage or refused to report a wage.  Hourly wage for persons whose employment status or self-employment status was not known was coded as not ascertained (-9).  Additionally, wages were imputed for wage earners reporting a wage range and not a specific value.  For these persons, values were imputed from within the reported range.   All imputed wages can be identified by the wage imputation flag (HRWGIM1, HRWGIM2 and HRWGIM96).  Note, wages were imputed only for persons with a positive person weight.

The variables HRHOW1, HRHOW2 and HRHOW96 indicates how the respective round hourly wages were constructed.  Hourly wage was derived, as applicable, from a large number of source variables.  In the simplest case, hourly wage was reported directly by the respondent.  For other persons, construction of the hourly wage was based upon their salary, the time period on which the salary was based, and the number of hours worked per time period.  If the number of hours worked per time period was not available, a value of 40 hours per week was assumed, as identified in the HRHOW variable.  It should be noted that the HRHOW and HRWGIM variables may differ.  As mentioned above, wage imputations were performed on persons with positive weights only, while HRHOW will apply to persons with a zero person level weight.

## Health Insurance

There are several employment-related health insurance measures included in this release: health insurance held from a current main job (HELD1X, HELD2X and HELD96X), health insurance offered from a current main job (OFFER1X, OFFER2X and OFFER96X), and two indicators of whether the individual had a choice of health plans to choose from at their current main job (CHOIC1, CHOIC2 and CHOIC96).  The held and offer variables were logically edited using health insurance information not available for public release.

Several persons indicated that they held health insurance through a current main job in the employment section and then denied this coverage later in the interview in the health insurance section.  Employment section health insurance held variables were edited for consistency to match the health insurance measures obtained in the health insurance section as noted above. To allow

for easy identification of these individuals, round-specific flag variables were constructed (DISVW1X, DISVW2X and DISVW96X).

Responses for health insurance held in the employment section were recoded to be consistent with the variables in the health insurance section of the survey. Due to questionnaire skip patterns, the responses to health insurance offered were affected by editing the held variable. For example, if a person responded that health insurance was held from a current main job, the question relating to whether health insurance was offered was skipped. For persons who responded that they held health insurance coverage in the employment section and then disavowed the coverage in the health insurance section, we could not ascertain whether they were offered a policy. These individuals are coded as -9 in the offer questions.

Finally, persons under age 16 as well as persons aged 16 and older who did not hold a current main job or who were self-employed with no employees were coded as inapplicable.

## Hours (HOUR1, HOUR2 and HOUR96)

Hours worked per week is a combination of two MEPS employment section measures. For salaried persons, the hours measure refers to the hours per week on which the salary is based. For all others, the hours measure refers to usual hours worked per week.

## Number of Employees at Establishment (NUMEMP1, NUMEMP2, NUMEMP96)

Respondents were asked to provide the number of persons employed at the site of their current main job. If they were unsure they were asked to estimate a range. In these cases the median value of the range was used to impute a value. For confidentiality reasons establishment size was top coded at 500 or more employees. Note, self-employed respondents were asked to provide the number of persons employed at there business which might include more than one site.

## Other Employment Variables

Industry type was coded from verbatim text fields by trained coders and represent 3-digit industry codes defined by the Bureau of the Census for the 1990 Census. This coding system is consistent with the Standard Industrial Classification System (SIC). See U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population, Alphabetical Index of Industries and Occupations, Final Edition, 1990. Due to confidentiality concerns, this file contains a condensed version of the industry code variable for Rounds 1 and 2 as well as for December 31 (CIND1, CIND2, and CIND96).

Occupation codes, as Industry Type, were from verbatim text and represent occupations defined at the 3-digit level by the US Census Bureau's 1990 Occupational Classification System. Again, due to confidentiality concerns, this file contains only a condensed version of the occupation code variable for Rounds 1 and 2 and for December 31 (COCCP1, COCCP2 and COCCP96).

Information indicating whether a person belonged to a labor union (UNION1, UNION2 and UNION96) and whether a person worked an irregular work shift (SHFTWK1, SHFTWK2 and SHFTWK96) is also contained in this release.  In addition, there are three round specific variables, which show the usual daily start time of the current main job (BGNWK1, BGNWK2, and BGNWK96).  There are also three measures of the usual daily ending time of the current main job (ENDWK1, ENDWK2, and ENDWK96).  The values for these variables are coded in 24-hour military time and reflect the hour that the respondent reported as the usual starting and ending time.  For the third round of interviewing, an additional response was added to the questions relating to usual start and end times.  This response allowed respondents to report that their usual start and end times varied.  This new response was captured in the December 31st variables BGNWK96 and ENDWK96 and is indicated by a value of 95.

The day, month, and year that the current main job started for Rounds 1, 2 and December 31st are provided on this release (STJBDD1, STJBMM1, STJBYY1, STJBDD2, STJBMM2, STJBYY2, STJBDD96, STJBMM96, and STJBYY96).

There are two measures included in this release that relate to a person's work history over a lifetime.  One indicates whether a person ever retired from a job as of December 31st (EVRET96) and the other indicates whether a person ever worked for pay as of December 31st (EVRWRK).  The latter was asked of everyone who indicated that they were not working as of the Round interview date.  Therefore, anyone who indicated that they were currently employed or had a job during any of the previous or current rounds was skipped past the question identifying whether they ever worked for pay.  These individuals were coded as inapplicable (-1).  The ever retired questions was asked of all person who ever reported a job and were 55 years or older as of December 31st.  Since both of these variables are not round specific, there are no -2 codes.

A measure of whether an individual had more than one job (MOREJOB1, MORJOB2 and MORJOB96) is provided on this release.  In addition to those under 16 and those individuals who were out of scope, the inapplicable category includes those who did not report having a current main job.

This release contains variables indicating a current main job change between the first and second rounds (CHNGJ12) and between the second round and December 31st (CHNGJ231).  In addition to the inapplicable, refused, and don't know categories, the change job variables were coded to represent the following: 1 - person left previous round current main job and now has a new current main job; 2 - person still working at the previous round's current main job but as of the new round no longer considers this job to be the current main job and defines a new main job (previous round's current main job is now a current miscellaneous job); 3 - left previous round's current main job and does not have a new job; and, 4 - did not change current main job.

Finally, this release contains the reason given by the respondent for the job change (YCHJB12 and YCHJB231).  The reasons for a job change were listed in the CAPI questionnaire and a respondent was asked to choose the main reason from this list.  In addition to those out of scope, those under 16, and those not having a current main job, the inapplicable category for YCHJB12

and YCHJB231 includes workers who did not change jobs.

## 3.5    Insurance Variables

The HC12 file includes Round 1 health insurance coverage variables (described in Section 3.5.1), monthly insurance coverage variables for 1996 (described in Section 3.5.2) and a summary full year 1996 insurance indicator variable (described in Section 3.5.3).

### 3.5.1  Round 1 Health Insurance Variables (CHMPNOW1-INSURED1)

Constructed variables are provided for each source of health insurance coverage identified during the MEPS Panel 1, Round 1 interview. With the exception of Medicaid and Medicare, the constructed variables represent sources of insurance as reported by respondents. Minimal editing was performed on the Medicare and Medicaid variables to assign persons to coverage from these sources. All other coverage types are unedited and unimputed. Observations that contain edits can be identified by comparing the edited and unedited versions of the Medicaid and Medicare variables.

Public sources include Medicare, CHAMPUS/CHAMPVA (CHMPNOW1), Medicaid and other public hospital/physician coverage.  Coverage through state sponsored programs that provide limited benefits (STATPRG1), for example, the Maryland Kidney Disease Program was also identified but is not considered comprehensive health insurance for the purpose of this survey. The Medicare and CHAMPUS/CHAMPVA variables indicate coverage at the time of the Round 1 interview date. All other public sources of insurance (including STATPRG1) indicate coverage at any time during Round 1.

### Medicare

Medicare (MCARNOW1) coverage was edited (MCARNW1X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

1.  They answered yes to a follow-up question on whether or not they received Social Security benefits; or

2.  They were covered by Medicaid, other public hospital/physician coverage or Medigap coverage; or

3.  Their spouse was covered by Medicare.

### Medicaid and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid recipients who may not have recognized their coverage as Medicaid. These questions were asked only if a respondent did not report Medicaid directly. Respondents reporting other

public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage. In an attempt to identify coverage through Medicaid expansion programs, persons with private insurance that was not employment-related were also asked if any government agency contributed toward their premium.

The Medicaid variable (MCAID1) was edited (MCAID1X) to include persons who did not pay anything for their Other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics. In addition, a small number of persons reporting AFDC or SSI coverage (questions included in the Round 1 interview for this purpose) were assigned Medicaid coverage.

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

1.      The respondent reported some type of managed care and paid something for the coverage (OTPUBA1);

2.      The respondent did not report any managed care (OTPUBB1);

3.      A federal, state or local government paid anything toward the cost of the managed care coverage (OTGOVPY1).

Variables are also included from the private insurance series that identify whether the federal government (PRGVPYA1) or a state/local government (PRGVPYB1) contributed toward the private non-employment related insurance. The variables OTPUBA1, OTPUBB1, OTGOVPY1, PRGVPYA1 and PRGVPYB1 are provided only to assist in editing and should not be used to make insurance estimates.

**Private Insurance**

Variables identifying private insurance in general (PRIV1) and specific private insurance sources [employer group (PRIVEG1); union group (PRIVU1); insurance through a self-employed job with firm size of one (PRIVS1); non-group (PRIVNG1); and other group (PRIVOG1)] were constructed. Private insurance sources identify coverage in effect at any time during Round 1. Separate variables identify covered persons and policyholders (policyholder variables begin with the letter "H"). These variables indicate coverage or policyholder status within a source and do not distinguish between persons who are covered or are policyholders on one or more than one policy within a given source. In some cases, the respondent was unable to characterize the source of insurance (PRIVDK1). Covered persons (but not policyholders) are identified when the policyholder is living outside the RU (PRIVOUT1). A source was considered to provide insurance if, at a minimum, coverage was provided for hospital and physician services. Sources of insurance with missing information regarding the type of coverage were assumed to contain

hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured.

Health insurance through a job (PRIVEG1, PRIVU1, PRIVS1) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer group (PRIVEG1) and union sponsored (PRIVU1) insurance for the first time in the Health Insurance Section, but this insurance was not linked to a specific job. Insurance that was initially reported in the Employment Section contained information on whether the insurance was sponsored through the employer, a union or both. If both the employer and union or the employer alone sponsored the insurance through a particular job that insurance is classified as employer group insurance only. If the insurance was sponsored solely through a union it was classified as union sponsored insurance.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRIVS1) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables, self-employed-firm size 1 (PRIVS1) health insurance could not be reported in the Health Insurance section for the first time. The variable PRIVS1 has been constructed to allow users to determine if the insurance should be considered employment-related.

Private insurance that was not employment-related (PRIVOG1, PRIVNG1, PRIVDK1, and PRIVOUT1) was reported in the Health Insurance Section only.

## Public Insurance Coverage and Any Insurance in Round 1

Persons identified as insured in Round 1 are those reporting coverage under Medicare, Medicaid, CHAMPUS/CHAMPVA, other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

As stated earlier, persons covered only by state-specific programs (STATPRG1) and those reporting private insurance without hospital/physician benefits (for example, private insurance for dental or vision care only, accidents or specific diseases) were not considered to be insured when constructing the variables INSURED1, PUBLIC1 and PRIV1.

## Round 1 HMO Variables:  Medicare

If a person receives coverage from Medicare, then MCRHMO1 was coded "yes" if they identified their plan from a list shown to them of Medicare HMOs in their area or if they answered "yes" to either of the following questions (HX32,HX32A):

(1)     Now I will ask you a question about how (PERSON)'s Medicare works for non-emergency care.  (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

(Are/Is) (PERSON) signed up with an HMO, that is a Health Maintenance Organization?  With an HMO, you generally receive care from HMO physicians.

(2)      Does Medicare require (PERSON) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

MCRHMO1 is set to "no" when the person is not enrolled in an HMO and also when it is not possible to ascertain HMO enrollment status.  MCRHMO1 is set to "inapplicable" for persons who are not covered by Medicare.

### Round 1 HMO Variables:  Private Insurance

The variable UPRHMO1 identifies persons covered by private insurance who reported that their insurance was purchased through an HMO, if the insurance company was an HMO, or if the plan was described as an HMO.  In all cases the respondent answered a question using the term "HMO." UPRHMO1 is set to "yes" if the person is covered by private insurance and any of the three following conditions are met:

1.   If the person reported purchasing his/her insurance directly through an HMO (HX03, HX23);

2.   If the person reporting private insurance coverage identified the type of insurance company as an HMO (HX49, HX51, HX54);

3.   If the person answered yes to the following question (MC01):

Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) works for non-emergency care.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization.  With an HMO, you must generally receive care from HMO physicians.  For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.  Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

UPRHMO1 is set to "no"when the person was not enrolled in an HMO and also when it was not possible to ascertain HMO enrollment status.  UPRHMO1 is set to "inapplicable" for persons who are not covered by private insurance and were not asked the managed care questions.

The variable UPRMNC1 identifies persons enrolled in a gatekeeper plan.  The household respondent has not identified the plan as an HMO but has identified a characteristic of the plan that requires plan members to sign up with a gatekeeper for all routine care (the exact question is given

below).  In 1996 this gatekeeper feature is associated with HMO plans and with some PPO plans. Users of the data can decide how to classify these persons.  UPRMNC1 is set to "yes" if the person is covered by private insurance and the following condition is met:

1.  If the person answered no to the HMO question (MC01) and yes to the following question (MC02):

    (Do/Does) (POLICYHOLDER)'s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

    Probe: Do not include emergency care or care from a specialist you were referred to.

If a person is covered by more than one plan or source of private insurance then UPRHMO1 and UPRMNC1 are coded "yes" if any of the plans are identified as HMO plans or as gatekeeper plans. UPRMNC1 is set to "no" when the person was not enrolled in a gatekeeper plan and also when it was not possible to ascertain managed care enrollment status. UPRMNC1 is set to "inapplicable" for persons who are not covered by private insurance and were not asked the managed care questions.

## Round 1 HMO Variables:  Medicaid

If a person is covered by Medicaid or by some other public program that provides hospital/physician insurance coverage, then the variable UPUBHMO1 is set to "yes" if the person picks their plan from a list shown to them of Medicaid HMOs in the area or if they answer yes to the following question:

1.  Under {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?

    [With an HMO, you must generally receive care from HMO physicians.  If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

The variable UPUBMNC1 identifies persons covered by Medicaid or other public hospital/physician insurance who are enrolled in a plan or program with a gatekeeper feature. Programs with this feature include the Medicaid primary care case management program. UPUBMNC1 is set to "yes" if the person is covered by Medicaid or other public hospital/medical insurance who answers yes to the following question:

1.  Does {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require

(READ NAME(S) FROM BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

UPUBHMO1 and UPUBMNC1 are set to "no" when the person is not enrolled in a Medicaid or public HMO and also when it is not possible to ascertain HMO enrollment status. UPUBHMO1 is set to "inapplicable" for persons who are not covered by Medicaid or other public programs and were not asked the managed care questions.

### 3.5.2  Full Year Monthly Health Insurance Variables (CHJA96X-INSDE96X)

Constructed and edited variables are provided that indicate any coverage in each month of 1996 for the sources of health insurance coverage collected during the MEPS interviews (Rounds 1 through 3). In Rounds 2 and 3, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to address issues that arose during such reviews in Rounds 2 and 3. One edit to the private insurance variables corrects for a problem concerning covered benefits which occurred when respondents reported a change in any of their private health insurance plan name. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. For CHAMPUS/CHAMPVA coverage, respondents who were classified as active duty military or who were over age 65 had their reported CHAMPUS/CHAMPVA coverage overturned. Additional edits, described below, were performed on the Medicare and Medicaid variables to assign persons to coverage from these sources. Observations that contain edits assigning persons to Medicare or Medicaid coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid variables.

Public sources include Medicare, CHAMPUS/CHAMPVA, Medicaid and other public hospital/physician coverage. State-specific program participation in non-comprehensive coverage (STAJA96-STADE96) was also identified but is not considered health insurance for the purpose of this survey.

### Medicare

Medicare (MCRJA96-MCRDE96) coverage was edited (MCRJA96X-MCRDE96X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

They answered yes to a follow-up question on whether or not they received Social Security benefits; or

They were covered by Medicaid, other public hospital/physician coverage or Medigap coverage; or

Their spouse was age 65 or over and covered by Medicare; or

They reported CHAMPUS/CHAMPVA coverage.

## Medicaid and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid recipients who may not have recognized their coverage as Medicaid. These questions were asked only if a respondent did not report Medicaid directly. Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage.

The Medicaid variables (MCDJA96-MCDDE96) have been edited (MCDJA96X-MCDDE96X) to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics. In addition, a small number of persons reporting AFDC or SSI coverage (questions included in the MEPS health insurance sections for this purpose) were assigned Medicaid coverage.

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

the respondent reported some type of managed care and paid something for the coverage, Other Public A Insurance (OPAJA96-OPADE96); and

the respondent did not report any managed care, Other Public B Insurance (OPBJA96-OPBDE96).

The variables OPAJA96-OPADE96 and OPBJA96-OPBDE96 are provided only to assist in editing and should not be used to make separate insurance estimates for these types of insurance categories.

## Any Public Insurance in Month

The file also includes summary measures that indicate whether or not a sample person has any public insurance in a month (PUBJA96X-PUBDE96X). Persons identified as covered by public insurance are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAJA96-STADE96), for example, Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUBJA96X-PUBDE96X.

## Private Insurance

Variables identifying private insurance in general (PRIJA96-PRIDE96) and specific private insurance sources [such as employer/union group insurance (PEGJA96-PEGDE96); non-group (PNGJA96-PNGDE96); and other group (POGJA96-POGDE96)] were constructed.  Private insurance sources identify coverage in effect at any time during each month of 1996.  Separate variables identify covered persons and policyholders (policyholder variables begin with the letter "H").  These variables indicate coverage or policyholder status within a source and do not distinguish between persons who are covered or are policyholders on one or more than one policy within a given source.  In some cases,  the policyholder was unable to characterize the source of insurance (PDKJA96-PDKDE96).  Covered persons (but not policyholders) are identified when the policyholder is living outside the RU (POUJA96-POUDE96).  An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services.  Sources of insurance with  missing information regarding the type of coverage were assumed to contain hospital/physician coverage.  Persons  without  private hospital/physician  insurance were not counted as privately insured.

Health insurance through a job or union (PEGJA96-PEGDE96, PRSJA96-PRSDE96) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance  (PEGJA96-PEGDE96) for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed, with firm size of 1 (PRSJA96-PRSDE96) was initially reported in the Employment Section and verified in the Health Insurance Section.  Unlike the other employment-related variables (PEGJA96-PEGDE96), self-employed-firm size 1 (PRSJA96-PRSDE96) health insurance could not be reported in the Health Insurance section for the first time.  The variables PRSJA96-PRSDE96 have been constructed to allow users to determine if the insurance should be considered employment-related.

Private insurance that was not employment-related (POGJA96-POGDE96, PNGJA96-PNGDE96, PDKJA96-PDKDE96 and POUJA96-POUDE96) was reported in the Health Insurance Section only.

## Any Insurance in Month

The file also includes summary measures that indicate whether or not a sample person has any insurance in a month (INSJA96X-INSDE96X).  Persons identified as insured are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid or other public hospital/physician or private hospital/physician insurance (including Medigap plans).  A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAJA96-STADE96), for example, Maryland Kidney Disease Program, and those without

hospital/physician benefits (for example, private insurance for dental or vision care only, accidents or specific diseases) were not considered to be insured when constructing the variables INSJA96X-INSDE96X.

### 3.5.3  1996 Summary Insurance Coverage Indicators (PRVEVER - INSCOV96)

The variables PRVEVER-UNINSURD summarize health insurance coverage for the person in 1996 for the following types of insurance: private (PRVEVER); CHAMPUS/CHAMPVA (CHPEVER); Medicaid (MCDEVER); Medicare (MCREVER); other public A (OPAEVER); other public B (OPBEVER).  Each variable was constructed based on the values of the corresponding 12 month to month health insurance variables (see Section 3.5.2).  A value of 1 indicates that the person was covered for at least one day of at least one month during 1996.  A value of 2 indicates that the person was not covered for a given type of insurance for all of 1996. The variable UNINSURD summarizes PRVEVER-OPBEVER.  Where PRVEVER-OPBEVER are all equal to 2, then UNINSURD equals 1; person was uninsured for all of 1996.  Otherwise UNINSURD is set to 2, not uninsured for some portion of 1996.

For user convenience this file contains a constructed variable INSCOV96 that summarizes health insurance coverage for the person in 1996, with the following 3 values:

> 1 = ANY PRIVATE ( Person had any private insurance coverage **(including Champus/VA)** any time during 1996)
> 2 = PUBLIC ONLY (Person had only public insurance coverage during 1996)
> 3 = UNINSURED ( Person was uninsured during all of 1996)

Please note this variable categorizes Champus as private coverage.  If an analyst wishes to consider Champus public coverage, the variable can easily be reconstructed using the PRVEVER and CHMPEVER variables.

### 3.6  Pregnancy Indicator Variables (PREGRD1-BIRTH96)

Questions concerning pregnancies were asked of females ages 15 through 45.  Male respondents, and females younger than 15 or older than 45, were not asked these questions and were assigned not applicable codes (-1) to all pregnancy-related variables.

Information on pregnancies was obtained in the Pregnancy Detail section of the interview. Question CE07 asked whether anyone in the family had been pregnant at any time during the reference period.  If the answer was "yes", then the identity of the pregnant person(s) was obtained in question CE08.  Information was obtained (CE09) regarding whether this was the person's only pregnancy during the reference period.

Question PG01 asked whether the named person was still pregnant.  If the response to PG01 was "no" (2), then the respondent was asked (PG02) whether the pregnancy had ended in a live birth. Responses of "no" (codes of 2-5 in PG02) ended the series of questions about that pregnancy.  (If a

women had multiple pregnancies during a reference period, additional questions asked about the outcomes of each other pregnancy.)  A response of "yes" (1) to PG02 led to a series of questions about pregnancy-related medical complications.  (These data, which are at the level of the individual pregnancy episode, are not included in this data release.)

If the response to PG01 was "yes" (i.e., the woman was still pregnant), then question PG11 asked how many weeks or months the woman had been pregnant.  If the response was "refused" (-7) or "don't know" (-8), then the respondent was asked to indicate (PG12) a range of months for pregnancy duration (i.e, less than 3 months, 3-6 months, more than 6 months).

These questions were used to create a series of round-specific pregnancy variables:

> PREGRD1: Whether the woman (aged 15-45) was pregnant at any time during Round 1
> PREGRD2:  Whether the woman (aged 15-45) was pregnant at any time during Round 2
> PREGRD3: Whether the woman (aged 15-45) was pregnant at any time during Round 3
> NOWPREG1: Whether the woman was pregnant at the time of the Round 1 interview
> NOWPREG2: Whether the woman was pregnant at the time of the Round 2 interview
> NOWPREG3: Whether the woman was pregnant at the time of the Round 3 interview
> LIVEBIR1: Whether the woman had a live birth during Round 1
> LIVEBIR2: Whether the woman had a live birth during Round 2
> LIVEBIR3: Whether the woman had a live birth during Round 3

LIVEBIR1 was set to -1 for women who were currently pregnant in Round 1, had only a single pregnancy during Round 1,  but had not yet given birth during Round 1.  Similar conventions were applied for LIVEBIR2 and LIVEBIR3.

Three additional variables were derived that summarize each eligible woman's pregnancy experience.  NUMPRG13 is a count of the number of times each woman was pregnant during Rounds 1 through 3.  Males and females outside the 15-45 age range were coded as not applicable (-1).  NUMPRG13 does not correspond exactly to calendar year 1996, as some pregnancies reported in Round 3 could have occurred in 1997.

PREG96 indicates whether a woman aged 15-45 had been pregnant at any time in 1996.  PREG96 equals "yes" (1) if PREGRD1 equals "yes" (1) or PREGRD2 equals "yes" (1).  If PREGRD1, PREGRD2, and PREGRD3 all were "no" (2), then PREG96 = "no" (2).

If a woman's <u>only</u> pregnancy occurred in Round 3 (PREGRD1 = 2, PREGRD2 = 2, and PREGRD3 = 1), then further steps were taken to ascertain if the pregnancy had been in effect in

calendar year 1996.  If a woman was still pregnant at the time of the Round 3 interview, then information on how long she had been pregnant was used to determine if the pregnancy had been in effect by December 31, 1996.  If a women was no longer pregnant and the pregnancy had ended in a live birth, then the newborn's birthrate was used to determine if the pregnancy had been in effect by December 31, 1996.  If a woman was no longer pregnant and the pregnancy had not ended in a live birth (due, for example, to miscarriage or stillbirth), the duration of pregnancy, and therefore whether the pregnancy had been in effect in 1996, could not be ascertained.  In such situations, PREG96 = -9.  Similarly, if pregnancy duration information was unavailable for women who were still pregnant at the time of the Round 3 interview, then PREG96 = -9.

BIRTH96 reports whether a woman aged 15-45 had given birth to a live infant in 1996.  If either LIVEBIR1 or LIVEBIR2 were "yes" (1), then BIRTH96 was "yes" (1).  If LIVEBIR1, LIVEBIR2, and LIVEBIR3 were all "no" (2), then BIRTH96 was "no" (2).  If a woman had a live birth only n Round 3, then the newborn's birthrate was examined; if it occurred in 1996, then BIRTH96 is "yes" (1).

## 3.7    Disability Days Indicator Variables (DDNOWRK1-OTHNMDD3)

The disability days section of the core interview contains questions about time lost from work or school and days spent in bed  because of a physical illness, injury, or mental or emotional problem. Data were collected on each individual in the household.  These questions were repeated in each round of interviews; this file contains data from Rounds 1, 2, and 3 of the MEPS panel initiated in 1996.    The number at the end of the variable name (1, 2 or 3) identifies the Round in which the information was collected.

The reference period for these questions is the time period between the beginning of the survey (for Round 1) or the previous interview date (for Rounds 2 and 3) and the current interview date. In order to establish the length of a round, analysts are referred to the variables that indicate the beginning date and ending date of each Round (BEGREFD, BEGREFM, BEGREFY, ENDREFD, ENDREFM, ENDREFY).  Analysts should be aware that Round 3 was conducted in 1996 and in 1997.  Some data from Round 3 thus pertain to 1997.  The number of disability days in Round 3 that occurred in each calendar year was not ascertained. If analysts want to create an indicator of disability days for the period of January 1, 1996 to December 31, 1996, some adjustment must be made to the Round 3 data.  Analysts who want to estimate disability days for calendar 1996 will need to develop an algorithm for deciding what portion of reported disability days occurred in 1996 and what portion occurred in 1997.

The variables DDNOWRK1, DDNOWRK2 and DDNOWRK3 represent the number of times the respondent lost a half day or more from work because of illness, injury or mental or emotional problems during Rounds 1, 2, and 3, respectively. A response of "no work days lost" was coded zero; if the respondent did not work, these variables were coded -1 (inapplicable), and for some analyses these values may have to be recoded to zero.  Respondents who were less than 16 years old were not asked about lost work days, and these variables are coded -1 (inapplicable) for them.

WRKINBD1, WRKINBD2 and WRKINBD3 represent the number of work-loss days during each round in which the respondent spent at least half of the day in bed. These questions were asked only of persons aged 16 and over. Persons aged 15 or younger received a code of -1 (inapplicable). If a respondent answered the preceding work-loss question with "zero days" or "does not work", then the corresponding WRKINBD question was coded as -1 (inapplicable).

DDNSCHL1, DDNSCHL2 and DDNSCHL3 indicate the number of times that a respondent missed a half-day or more of school during Rounds 1, 2, or 3, respectively. These questions were asked of persons aged 3 to 22; respondents aged less than 3 or older than 22 did not receive these questions and are coded as -1 on these variables. A code of -1 also indicates that the person does not attend school.

SCLINBD1, SCLINBD2 and SCLINBD3 represent the number of school-loss days during each round in which the individual spent at least a half day in bed. Respondents aged less than 3 or older than 22 did not receive these questions and are coded as -1 on these variables. If a respondent answered the preceding school-loss question with "zero days" or "does not work", then the corresponding SCLINBD question is coded as -1 (inapplicable).

DDBEDYS1, DDBEDYS2 and DDBEDYS3 represent additional days, other than school or work days, in which the respondent spent at least half a day in bed, because of a physical illness or injury or a mental or emotional problem. These are the only indicators of disability days for persons who do not work or go to school. This question was not asked of children less than one year of age (coded -1).

A final set of variables indicate if an individual took a half-day or more off from work to care for the health problems of another individual in the family. OTHRDYS1, OTHRDYS2, and OTHRDYS3 indicate if a person missed work because of someone else's illness, injury or health care needs, for example to take care of a sick child or relative. These variables each have three possible answers: yes -- missed work to care for another (coded 1); no – did not miss work to care for another (coded 2); or the person does not work (coded 2), based on responses to the DDNOWRK variable for the same Round. Respondents younger than 16 were not asked these questions and are coded as -1.

OTHNMDD1, OTHNMDD2 and OTHNMDD3 indicate the number of days during each round in which work was lost because of another's health problem. Respondents younger than 16, those who do not work, and those who answer "no" to OTHRDYS are skipped out of OTHNMDD and receive codes of -1.

For respondents with positive weights, a minimal amount of editing was done on these variables to preserve the skip patterns. No imputation was done for those with missing data.

Medical conditions associated with the disability days reported for each round are identifiable by three flag variables on the condition file. MISSWORK identifies conditions associated with missed work days. MISSSCHL identifies conditions associated with missed school days and

INBEDFLG indicates conditions associated with bed days. It is not possible to identify the number of disability days associated with a specific condition, unless that is the only condition a respondent reports as a reason for work-loss, school-loss, or bed days.

## 3.8 Access to Care Variables (ACCELIG2-OTHRPRO2)

The variables ACCELIG2 through OTHRPRO2 describe data from the Access to Care section of the HC questionnaire, which was administered in Round 2 of the MEPS HC. This supplement serves a number of purposes in the MEPS HC by gathering information on three main topic areas: whether each family member has a usual source of health care, the characteristics of usual source of health care providers for the family, and barriers the family has faced in obtaining needed health care. The variable ACCELIG2 indicates whether persons were eligible to receive the Round 2 Access to Care questions. Persons with ACCELIG2=2 should be excluded from estimates made with the Round 2 Access to Care data. A Round 2 person and family weight (WGTSP2T and WGTRU2T) is provided for use with Round 2 health status variables (which can be identified by Rd 2 designation in the variable label) and should be used to account for item non-response when these variables are used as dependent variables in an analysis.

> *Family members' usual source of health care.* For each individual family member, MEPS HC ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health (HAVEUSC2). For those family members who do not have a usual source of health care, MEPS HC ascertains the reason(s) why (YNOUSC2 through OTHREA42). If any family members changed their usual source of health care during the 12 months prior to the Round 2 interview, MEPS HC gathers information on the reason why this change was made (CHNGUSC2 through YNOMORE2).

> *Characteristics of usual source of health care providers for the family.* For each unique usual source of care provider for a given family, MEPS HC asks for information on the following characteristics of the usual source of care provider:

> - is the provider a medical doctor or some other type of medical provider (followed by questions which ask either the provider's medical specialty or the type of non-physician provider) (TYPEPER2), and is the provider hospital-based (TYPEPLC2 and LOCATIO2);

> - is the provider the person or place family members would go to for new health problems, preventive health care, and referrals to other health professionals (MINORPR2 through REFFRLS2);

> - does the provider have office hours nights and weekends,

characteristics of the provider related to appointments and waiting time, ease of contacting a medical person at the provider's office by telephone (OFFHOUR2 through PHONEDI2);

- a number of quality-related characteristics of the provider, including whether the provider generally listens to family members, asks about prescription medications other doctors may give them, and family members' confidence in and satisfaction with the care received from the provider (PRLISTE2 through USCQUAL2).

*Family barriers.* Finally, the Access to Care supplement gathers information on barriers to health care for the family. This includes one question that asks if any family members have recently gone without needed health care because the family needed money to buy food, clothing, or pay for housing (NOCARE2). In addition, the respondent is asked to rate his/her satisfaction with the ability of family members to obtain health care if needed (HCNEEDS2). A series of two questions is asked to directly assess whether any family members experienced difficulty in obtaining any type of health care, delayed obtaining care, or did not receive health care they thought they needed due to any of the following reasons (OBTAINH2 through OTHRPRO2):

- Financial/Insurance Problems, including couldn't afford care; insurance company wouldn't approve, cover, or pay for care; pre-existing condition; insurance required a referral, but couldn't get one; doctor refused to accept family's insurance plan;

- Transportation Problems, including medical care was too far away; can't drive or don't have car/no public transportation available; too expensive to get there;

- Communication Problems, including hearing impairment or loss; different language;

- Physical Problems, including hard to get into building; hard to get around inside building; no appropriate equipment in office;

- Other Problems, including couldn't get time off work; didn't know where to go to get care; was refused services; couldn't get child care; didn't have time or took too long.

**Editing of the Access to Care Variables**

Editing of these File 2 variables consisted primarily of logical editing for consistency with skip patterns. Other editing included the construction of new variables describing the USC provider, and recoding several "other specify" text items into existing or new categorical values, which are described below.

Not all variables or categories that appear in the Access to Care section are included on File 2, as some small cell sizes have been suppressed to maintain respondent confidentiality. This affects the following questions:

> AC11: Categories 1 and 2 were combined and appear in the variable TYPEPER2 as 8 NURSE/NURSE PRACTITIONER

> AC23: Categories 2 and 4 were combined with 91 OTHER REASON

> AC26: Categories 9, 11 and 12 were combined with 91 OTHER

**Constructed Variables Describing the Usual Source of Care Provider**

The variables PROVTYX2, TYPEPLC2, TYPEPER2 and LOCATIO2 provide information on the type and location of the usual source of care provider. These variables were constructed as follows, using one or more questionnaire items which are not included on File 2:

> PROVTYX2 was constructed from items in the Provider Roster Section (available as a downloadable file on the MEPS Home Page), and has the following possible values:

>> 1 FACILITY
>> 2 PERSON
>> 3 PERSON IN FACILITY PROVIDER

> Question PV01 asks whether the provider is a person or a facility. For providers designated as a person, the responses to item PV05 (which indicates if the provider is part of a group practice or HMO) and items PV03/ PV10 (which indicate the provider's address), were used to determine if the provider is a "person in facility" provider (i.e., a person for whom both person and facility characteristics are known, such as "Dr. X at Y Medical Associates") .

> TYPEPER2 was constructed from responses to items AC10, AC11, AC11OV, AC12 and AC12OV in the Access to Care Section and describes the type of medical provider for providers indicated as person or person in facility providers (records with PROVTYX2 = 1 have a value of -1 for TYPEPER2). TYPEPER2 has the following possible values:

1 MD- GENERAL/FAMILY PRACTICE
        2 MD- INTERNAL MEDICINE
        3 MD - PEDIATRICS
        4 MD - OB/GYN
        5 MD-SURGERY
        6 MD - OTHER
        7 CHIROPRACTOR
        8 NURSE/NURSE PRACTITIONER
        9 PHYSICIAN'S ASSISTANT
       10 OTHER NON-MD PROVIDER
       11 UNKNOWN

Note that the value 6 MD-OTHER includes doctors of osteopathy, as well as a small number of medical doctors whose specialty is unknown.

    TYPEPLC2 was constructed from responses to Access to Care items AC06 and AC07 and describes the type of place corresponding to the usual source of care provider with the following values:

            1 HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT
            2 PRIVATE OFFICE IN HOSPITAL
            3 HOSPITAL EMERGENCY ROOM
            4 NON-HOSPITAL PLACE

    TYPEPLC2 was only constructed for cases with provider type indicated as facility or person in facility provider (records with PROVTYX2=2 have a value of -1 for TYPEPLC2).

    LOCATIO2 was constructed from the variables PROVTYX2 and TYPEPLC2, and describes the location of the provider as either office based or hospital based, and if hospital based, as either emergency room or non-emergency room.  LOCATIO2 has the following values:

        1 OFFICE
        2 HOSPITAL, NOT EMERGENCY ROOM
        3 HOSPITAL EMERGENCY ROOM

    Note that all cases with PROVTYX2=2 PERSON have LOCATIO2 = 1 OFFICE.

These 4 variables in combination describe the usual source of care provider.  For example, a group practice or clinic with no particular person named is coded as:
PROVTYX2 = 1 FACILITY, LOCATIO2 = 1 OFFICE and TYPEPER2 = -1 INAPPLICABLE.

**Re-coding of Additional Other Specify Text Items**

For Access to Care items AC03, AC04, AC08, AC09, AC21 and AC23, the other specify text responses were reviewed and coded as an existing or new value for the related categorical variable (for AC03, AC08, AC21 and AC23), or coded as an existing or new "yes/no" variable (for items AC04 and AC09). The following are the new codes or variables which were created from these other specify text responses.

> for item AC03 - this new value was constructed for the variable YNOUSC2:
>
> > 10 OTHER INSURANCE RELATED REASON
>
> for item AC04 - the new variable OTHINSR2 was constructed for other insurance-related reasons
>
> for item AC08 - this new value was constructed for the variable YGOTOUS2:
>
> > 10 INSURANCE RELATED REASON
>
> for item AC09 - the new variable INSREAS2 was constructed for insurance-related reasons
>
> for item AC21 - these new values were constructed for the variable YCHNGUS2:
>
> > 8 COST-RELATED REASON
> > 9 OTHER INSURANCE-RELATED REASON
> > 10 JOB RELATED REASON
> > 11 NEW DOCTOR WAS REFERRED OR RECOMMENDED
> > 12 OTHER COMPLAINTS ABOUT OLD DOCTOR
> > 13 TRANSPORTATION REASON
>
> for item AC23 - these new values were constructed for the variable YNOMORE2:
>
> > 8 COST-RELATED REASON
> > 9 SELDOM OR NEVER SICK/NO NEED FOR DOCTOR
> > 10 OTHER INSURANCE-RELATED REASON

## 3.9    Health Status (RTEHLTH1-MAMOGRM3)

Health status variables in this date release can be classified into several conceptually distinct sets:

> 1)      Perceived health status and ADL and IADL limitations
> 2)      Functional limitations and activity limitations
> 3)      Vision problems
> 4)      Hearing problems

5)      Children's health status
6)      Complementary/Alternative Care
7)      Preventive Care

This data release incorporates information from calendar year 1996 only.  Because the data in this PUF are only for calendar year 1996, health status data obtained in Round 3 of MEPS (and subsequent Rounds) are not included, as Round 3 occurred in 1997.   The exception is the complementary/alternative care variables, which, although measured in Round 3, asked about use and expenditures incurred in 1996.

Variables in the first set were measured in Round 1 and again in Round 2.  Variables in set 2 were measured in Round 1 only.  Variables in sets 3, 4, and 5 were measured in Round 2 only.  Variables in sets 6 and 7 came from Round 3 only.   The final digit in each variable name indicates in which Round the variable was measured.  A Round 2 person and family weight (WGTSP2T and WGTRU2T)  is provided for use with Round 2 health status variables (which can be identified by Rd 2 designation in the variable label) and should be used to account for item non-response when these variables are used as dependent variables in an analysis.

In general, health status variables involved the construction of person-level variables based on information collected in the Condition Enumeration, Health Status and Alternative/Preventive Care sections of the questionnaire.  Many Health Status questions were initially asked at the family level to ascertain if anyone in the household had a particular problem or limitation.  These were followed up with questions to determine which household member had each problem or limitation.  All information ascertained at the family level has been brought to the person level for this file.  Logical edits were performed in constructing the person-level variables to assure that family-level and person-level values were consistent.  Particular attention was given to cases where missing values were reported at the family level, to ensure that appropriate information was carried to the person level.

Inapplicable cases occurred when a question was never asked because of a skip pattern in the survey (e.g., individuals who were 13 years of age or older were not asked some follow-up verification questions; individuals older than 17 were not asked questions pertaining to children's health status).  Inapplicable cases are coded as -1.  In addition, for all variables except those in the alternative care set, deceased persons were coded as inapplicable and received a code of -1.  Persons who were not in scope for a particular Round of the survey were assigned the missing value code of -3.

Each of the sets of variables listed are described below.

## Perceived Health Status and ADL and IADL Limitations

Perceived Health Status.  Perceived health status (RTEHLTH1 and RTEHLTH2) and mental health status (MNTHLTH1 and MNTHLTH2) were collected in the Condition Enumeration section.  These questions (CE01 and CE02) asked the respondent to rate each person in the family according

to the following categories: excellent, very good, good, fair, and poor. No editing was done to these variables. The corresponding dichotomous variables RTEPROX1, RTEPROX2, MNTPROX1, and MNTPROX2 each indicate whether the ratings of physical and mental health in Round 1 and Round 2 , respectively, were provided by oneself or by someone else.

IADL Help. The Instrumental Activities of Daily Living (IADL) Help or Supervision variables (IADLHLP1 from Round 1 and IADLHLP2 from Round 2) were each constructed from a series of three questions administered in the Health Status section of the interview. The initial question (HE01) determined if anyone in the family received help or supervision with IADLs such as using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping. If the response was "yes," a follow-up question (HE02) was asked to determine which household member received this help or supervision. For persons under age 13, a final verification question (HE03) was asked to confirm that the IADL help or supervision was the result of an impairment or physical or mental health problem. If the response to the final verification question was "no," IADLHLP1 and IADLHLP2 were coded "no" for persons under the age of 13.

If no one in the family was identified as receiving help or supervision with IADLs, all members of the family were coded as receiving no IADL help or supervision. In cases where the response to the family-level question was "don't know" (-7), "refused" (-8), or not ascertained (-9), all persons were coded according to the family-level response. In cases where the response to the family-level question (HE01) was "yes" but no specific individuals were identified in the follow-up question as having IADL difficulties, all persons were coded as "don't know" (-8).

ADL Help. The Activities of Daily Living (ADL) Help or Supervision variable (ADLHELP1 in Round 1 and ADLHELP2 in Round 2) were each constructed in the same manner as IADLHLP1 and IADLHLP2, but using questions HE04-HE06. Coding conventions for missing data were the same as for the IADL variables.

## Functional and Activity Limitations

Functional Limitations. A series of questions pertained to functional limitations, defined as difficulty in performing certain specific physical actions. WALKLIM1 was the filter question. It was derived from a question (HE09) that was asked at the family level: "Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?" If the answer was "no", then all family members were coded as "no" (2) on WALKLIM1. If the answer was "yes," then the specific persons who had any of these difficulties were identified and coded as "yes" (1) on WALKLIM1, and remaining family members were coded as "no". If the response to the family-level question was "don't know" (-8), "refused" (-7), "missing" (-9), or "inapplicable" (-1), then the corresponding missing value code was applied to each family member's value for WALKLIM1. If the answer to HE09 was "yes," but no specific individual was named as experiencing such difficulties, then each family member was assigned -8 for WALKLIM1. Deceased respondents were assigned a -1 code ("inapplicable") for WALKLIM1.

If any family member was coded "yes" to WALKLIM1, a subsequent series of questions was administered.  The series of questions for which WALKLIM1 served as a filter was as follows:

> LIFTDIF1 - difficulty lifting 10 pounds
> STEPDIF1 - difficulty walking up 10 steps
> WALKDIF1 - difficulty walking 3 blocks
> MILEDIF1 - difficulty walking a mile
> STANDIF1 - difficulty standing 20 minutes
> BENDDIF1 - difficulty bending or stooping
> RECHDIF1 - difficulty reaching over head
> FINGRDF1 - difficulty using fingers to grasp

The series of questions was asked separately for each person who was coded "yes" to WALKLIM1.  The series of questions was not asked for other individual family members for whom WALKLIM1 was "no."  In addition, this series was not asked about family members who were less than 13 years of age, regardless of their status on WALKLIM1.  Finally, these questions were not asked about deceased family members.  In such cases (i.e., WALKLIM1 = 2, or age < 13, or PSTATUS1 = 31),  each question in the series was coded as "inapplicable" (-1).  Finally, if responses to WALKLIM1 were "refused" (-7), "don't know" (-8), "not ascertained" (-9), or otherwise inapplicable (-1), then each question in this series was coded as "inapplicable" (-1).

Analysts should note that, for WALKLIM1, there was no minimum age criterion that was used to determine a skip pattern, whereas, for the subsequent series of questions, persons less than 13 years old were skipped and coded as "inapplicable".  Therefore, it is possible for someone aged 12 or less to have a code of 1 ("yes") on WALKLIM1, and also to have codes of "inapplicable" on the subsequent series of questions.

Use of Assistive Technology and Social/Recreational Limitations .  The variables indicating use of assistive technology (AIDHELP1, from question HE07) and social/recreational limitations (SOCLIMT1, from question HE22) were collected initially at the family level.  If there was a "yes" response to the family-level question, a second question identified which specific individual(s) the "yes" response pertained to.  Each individual identified as having the difficulty was coded "yes" on the appropriate variable; all remaining family members were coded "no."  If the family-level response was "don't know" (-7), "refused" (-8), or not ascertained (-9), all persons were coded with the family-level response.  In cases where the family-level response was "yes" but no specific individual was identified as having difficulty, all family members were coded as "don't know" (-8).

Work, Housework, and School Limitations .  The variable indicating any limitation in work, housework, or school (ACTLIM1) was constructed using questions HE19-HE20.  Specifically, information was collected initially at the family level.  If there was a "yes" response to the family-level question (HE19), a second question (HE20) identified which specific individual(s)  the "yes" response pertained to.  Each individual identified as having a limitation was coded "yes" on ACTLIM1; all remaining family members were coded "no."  If the family-level response was

"don't know"(-7), "refused" (-8), or not ascertained (-9), all persons were coded with the family-level response. In cases where the family-level response was "yes" but no specific individual was identified as having difficulty, all family members were coded as "don't know" (-8). Persons less than five years old were coded as inapplicable (-1) on ACTLIM1.

If ACTLIM1 was "yes" and the person was 5 years of age or older, a follow-up question (HE20A) was asked to identify the specific limitation or limitations for each person. These included working at a job (WRKLIM1), doing housework (HSELIM1), or going to school (SCHLIMT1). Respondents could answer "yes" to each activity; one person could thus report limitation in multiple activities. WRKLIM1, HSELIM1, and SCHLIM1 have values of "yes" or "no" only if ACTLIM1 was "yes;" each variable was coded as inapplicable (-1) if ACTLIM1 was "no," "refused" (-7), or not ascertained (-9). When ACTLIM13 was "don't know" (-8), these variables were all coded as "don't know" (-8). If a person was under 5 years old or was deceased, WRKLIM1, HSELIM1, and SCHLIMT1 were each coded as "inapplicable" (-1).

A second question (UNABLE1) asked if the person was completely unable to work at a job, do housework, or go to school. This question was asked only of the same set of respondents who provided data on WRKLIM1, HSELIM1, and SCHLIMT1 . Therefore, those respondents who were coded "no" on ACTLIM1, or were under 5 years of age, or were deceased, were coded as "inapplicable" (-1) on UNABLE1. UNABLE1 was asked once for whichever set of WRKLIM1, HSELIM1, and SCHLIMT1 the respondent had limitations; if a respondent was limited in more than one of these three activities, UNABLE1 did <u>not</u> specify if the respondent was completely unable to perform all of them, or only some of them.

<u>Cognitive Limitations</u> . The variable (COGLIMT1) was collected at the family level as a three-part question (HE24-01 to HE24-03) indicating if any of the adults in the family (1) experience confusion or memory loss, (2) have problems making decisions, or (3) require supervision for their own safety. If a "yes" response was obtained to any item, the persons affected were identified in HE25 and COGLIMT1 was coded as "yes." Remaining family members not identified were coded as "no" for COGLIMT1.

If responses to HE24-01 though HE24-03 were all "no," or if two of three were "no" and the remaining was "don't know," "refused," or not ascertained, all family members were coded as "no." If responses to the three questions were combinations of "don't know," "refused," and missing, all persons were coded as "don't know" (-8). If the response to any of the three questions was "yes" but no individual was identified in HE25, all persons were coded as "don't know" (-8).

COGLIMT1 reflects whether <u>any</u> of the three component questions is "yes." Respondents with one, two, or three specific cognitive limitations cannot be distinguished. In addition, because the question asked specifically about "adult" family members, all persons less than 18 years of age are coded as "inapplicable" (-1) on this question.

## Vision Problems

A series of questions (HE26 to HE32) provides information on visual impairment. These questions were asked of all household members, regardless of age. Deceased respondents were coded as not applicable (-1).

WEARGLAS2 indicates whether a person wears eyeglasses or contact lenses. This variable was based on two questions, HE26 and HE27. The initial question (HE26) determined if anyone in the family wore eyeglasses or contact lenses. If the response was "yes," a follow-up question (HE27) was asked to determine which household member(s) wore eyeglasses or contact lenses. If the family-level response was "don't know"(-8), "refused" (-7), or not ascertained (-9), all persons were coded with the family-level response. In cases where the family-level response was "yes" but no specific individual was identified as wearing glasses or contact lenses, all family members were coded as "don't know" (-8).

SEEDIF2 indicates whether anyone in the family had difficulty seeing (with glasses or contacts, if used). This variable was based on two questions, HE28 and HE29. The initial question (HE28) determined if anyone in the family had difficulty seeing. If the response was "yes," a follow-up question (HE29) was asked to determine which household member(s) had a visual impairment. If the family-level response was "don't know"(-8), "refused" (-7), or not ascertained (-9), all persons were coded with the family-level response. In cases where the family-level response was "yes" but no specific individual was identified as having difficulty seeing, all family members were coded as "don't know" (-8).

Three subsequent questions were asked only for individuals who had difficulty seeing (i.e., SEEDIF2 = 1). Persons with no visual impairment were coded as not applicable (-1) for these questions, as were persons with "don't know" (-8), "refused" (-7), or not ascertained (-9) responses to SEEDIF2. BLIND2 determined if a person with difficulty seeing was blind. For persons who were not blind (BLIND2 = 2), READNEW2 asked whether the person could see well enough to read ordinary newspaper print (with glasses or contacts, if used); persons who were blind were not asked this question and were coded as not applicable (-1). For persons who could not read ordinary newspaper print (READNEW2 = 2), RECPEOP2 asked if the person could see well enough to recognize familiar people standing two or three feet away. Persons who were blind or who could read newsprint were not asked this question and were coded as not applicable (-1).

VISION2 summarizes the pattern of responses to the set of visual impairment questions. Codes for VISION2 are as follows:

     1 - No difficulty seeing (SEEDIF2 = 2)
     2 - Some difficulty seeing, can read newsprint (SEEDIF2 = 1 and READNEW2 = 1)
     3 - Some difficulty seeing, can not read newsprint, can recognize familiar people
       (SEEDIF2 = 1 and READNEW2 = 2 and RECPEOP2 = 1)
     4 - Some difficulty seeing, can not read newsprint, can not recognize familiar people
       (SEEDIF2 =1 and READNEW2 = 2 and RECPEOP2 = 2)

5 - Blind (SEEDIF2 = 1 and BLIND2 = 1).


## Hearing Problems

A series of questions (HE33 to HE39) provides information on hearing impairment.  These
questions were asked of all household members, regardless of age.  Deceased respondents were
coded as not applicable (-1).

HEARAID2 indicates whether a person wears a hearing aid.  This variable was based on two
questions, HE33 and HE34.  The initial question (HE33) determined if anyone in the family wore a
hearing aid.  If the response was "yes," a follow-up question (HE34) was asked to determine which
household member(s)  wore a hearing aid.    If the family-level response was "don't know"(-8),
"refused" (-7), or not ascertained (-9), all persons were coded with the family-level response.  In
cases where the family-level response was "yes" but no specific individual was identified as
wearing a hearing aid, all family members were coded as "don't know" (-8).

HEARDIF2 indicates whether anyone in the family had difficulty hearing (with a hearing aid, if
used).  This variable is based on two questions, HE35 and HE36.  The initial question (HE35)
determined if anyone in the family had difficulty hearing.  If the response was "yes," a follow-up
question (HE36) was asked to determine which household member had an aural impairment.    If
the family-level response was "don't know"(-8), "refused" (-7), or not ascertained (-9), all persons
were coded with the family-level response.  In cases where the family-level response was "yes" but
no specific individual was identified as using a hearing aid, all family members were coded as
"don't know" (-8).

Three subsequent questions were asked only for individuals who had difficulty hearing (i.e.,
HEARDIF2 = 1).  Persons with no hearing impairment were coded as not applicable (-1) for these
questions, as were persons with "don't know" (-8), "refused" (-7), or not ascertained (-9)
responses to HEARDIF2.  DEAF2 determined if a person with difficulty hearing was deaf.  For
persons who were not deaf (DEAF2 = 2), HEARMOS2 asked whether the person could hear well
enough to hear most of the things people say (with a hearing aid, if used); persons who were deaf
were not asked this question and were coded as not applicable (-1).  For persons who could not
hear most things people say (HEARMOS2 = 2), HEARSOM2 asked if the person could hear well
enough to hear some of the thing that people say.  Persons who were deaf or who could hear most
conversation were not asked this question and were coded as not applicable (-1).

HEARING2 summarizes the pattern of responses to the set of hearing impairment questions.
Codes for HEARING2 are as follows:

    1 - No difficulty hearing (HEARDIF2 = 2)
    2 - Some difficulty hearing, can hear most things people say (HEARDIF2 = 1 and
        HEARMOS2 = 1)
    3 - Some difficulty hearing, can not hear most things people say, can hear some things

people say (HEARDIF2 = 1 and HEARMOS2 = 2 and HEARSOM2 = 1)

   4 - Some difficulty hearing, can not hear most things people say, can not hear some things people say, but not deaf (HEARDIF2 =1 and HEARMOS2 = 2 and HEARSOM2 = 2)

   5 - Deaf (HEARDIF2 = 1 and DEAF2 = 1).

## Any Limitation, Rounds 1 or 2

ANYLIM12 summarizes whether the respondent has any ADL, IADL, activity, functional or sensory limitations in Rounds 1 or 2. ANYLIM12 was built upon component variables IADLHLP1, IADLHLP2, ADLHELP1, ADLHELP2, WALKLIM1, ACTLIM1, SEEDIF2 and HEARDIF2. (The latter two variables, discussed above, indicate any visual or hearing impairment, respectively). If any of these components was coded "yes", then ANYLIM12 was coded "yes" (1). If all components equaled "no", the ANYLIM12 equaled "no" (2). If all the components had missing value codes (i.e., -7, -8, -9 or -1), then ANYLIM12 was coded as not ascertained (-9). If some components were "no" and others had missing value codes, ANYLIM12 was coded as not ascertained (-9). The exception to this latter rule was for children less than five years old, who did not receive the ACTLIM1 question and thus ACTLIM1 equaled -1; for these respondents, if all other components were "no", then ANYLIM12 was coded as "no" (2).

## Children's Health Status

Play Limitations (Children age 4 and under). The variable LIMACT2, indicating limitation in activities for children ages 0 through 4, was constructed using questions HE40 and HE41. The initial question (HE40) determined if any child aged 4 or under in the family was limited in any way, including play activity, because of an impairment or physical or mental health problem. If the response was "yes," the follow-up question determined which child should be coded "yes." If there were other children aged 4 or under in the family who were not identified as having limitations, they were coded "no." If the answer to LIMACT2 was "no," all children aged four or under in the family were coded "no." If there was an indication that a child had a limitation, but no child was identified, all children within the age category were coded "don't know" (-8). In cases where the response to the family-level question was "don't know" (-8), "refused" (-7), or not ascertained (-9), all children ages 4 and under were coded according to the family level response. If a person's age (as measured by the Round 2 age variable) was greater than 4, LIMACT2 was coded -1.

Other variables indicate if children aged 0 to 4 were limited in the kind or amount of play activities (PLAYLIM2), were unable to play (CANTPLA2), or participated in special programs or early interventions (SPECPRO2). If a person aged 4 or under had no activity limitations (i.e., LIMACT2 = 2), then PLAYLIM2, CANTPLA2, and SPECPRO2 were each coded -1. If a person's age (as measured by the Round 2 age variable) was greater than 4, PLAYLIM2, CANTPLA2, and SPECPRO2 were coded -1.

Immunization Variables (Children ages 0 through 6). Immunization information was collected at the person level for children ages 0 through 6 by questions HE45 to HE49A.  If age of child, as measured by the Round 2 age variable, was greater than 6, all immunization variables were coded -1.  For questions about diphtheria, whooping cough and tetanus (DTP) or polio immunization (DTPSHOT2, POLIOSH2) there were follow up questions which asked about the frequency of the immunization shots or drops.  If the answer to DTPSHOT2 or POLIOSH2 was "no," "don't know," or "refused," then the respective follow up variables NUMDTP2 and NUMPOLI2 were coded -1.  For questions about immunization for measles/mumps/rubella (MMRSHOT2) and for hepatitis (HEPBSHT2), there were no follow-up questions.

Behavioral Problem Variables (Children ages 5 to 17)  The series of questions HE50_01 to HE50_13 inquired about possible child behavioral problems.  Variables in this set include:

> MOMPRO2: problem getting along with mother
> DADPRO2: problem getting along with father
> UNHAP2: feeling unhappy or sad
> SCHLBEH2: problem with behavior at school
> HAVEFUN2: problem having fun
> ADULPRO2: problem getting along with adults
> NERVAFR2: problem with child feeling nervous or afraid
> SIBPRO2: problem getting along with siblings
> KIDPRO2: problem getting along with other kids
> SPORPRO2: problem engaging in sports or hobbies
> SCHLPRO2: problem doing schoolwork
> HOMEBEH2: problem with behavior at home
> TROUBLE2: problem staying out of trouble.

If the age of the child (as measured by the Round 2 age variable) was less than 5 or greater than 17, the variables MOMPROB2 to TROUBLE2 were coded -1.

Certain questions in this series could be inapplicable for a specific child.  For example, if a child's mother was deceased, a question about how a child gets along with his/her mother is inapplicable.  Similarly, the question about problems getting along with siblings would be inapplicable for only children.  In such instances, the relevant variable was coded 99 to indicate that it was inapplicable.

Special Education and Special Services (Children ages 5-17).  A series of questions asked about participation in special education programs or receipt of therapy or special services.  If the respondent was not in the age range of 5-17 years of age (as measured by the Round 2 age variable), or if the respondent was deceased, these questions were coded as inapplicable (-1).

SPECSCH2 is based on question HE51, which asked whether the child had an impairment or a physical or mental health problem that limited school attendance or required a special school program.  This question served as a filter for subsequent questions.  If the response was "no" (2),

"refused" (-7), or "don't know" (-8), then SPECED2 through CANTSCH2 were coded as inapplicable (-1).

If the response to SPECSCH2 was "yes" (1) then question HE52 (SPECED2) was asked. SPECED2 asked whether the child was enrolled in any type of special education or received related services. Possible responses to this question were "yes, enrolled in special education" (1), "yes, enrolled in related services," (2), "yes, both special education and special services," (3), "no" (4), and "other" (91).

If responses to SPECED2 were coded as 2 or 3, then respondents were presented with a list of other related services and asked to indicate which one(s) the child had received. Respondents could indicate more than one type of service. These questions constitute variables SPCHTHE2 to OTHSVC2.

> SPCHTHE2: Received speech therapy
> OCUPTHE2: Received occupational therapy
> VOCSVCS2: Received vocational services
> TUTOR2: Received tutoring
> READINT2: Uses a reader or interpreter
> PHYTHER2: Received physical therapy
> LIFSKIL2: Received life skills training
> PSYCNSL2: Received psychological counseling
> FAMCNS2: Received family counseling
> RECTHER2: Received recreational therapy
> OTHSVC2: Received other school services

Responses to these questions were coded as inapplicable (-1) if the response to SPECED2 was 1 (enrolled in special education only), or -7 (refused), or -8 (don't know).

If the response to SPECSCH2 was "yes" (1) then question HE53 (CANTSCH2) was asked. This question asked whether the child was limited in attendance or unable to attend school due to an impairment or a physical or mental health problem. Responses of "limited in attendance" were coded 1, "unable to attend" as 2, and "neither" as 3.

Question HE54 (LMOTACT2) was asked of all children ages 5-17. This question ascertained whether the child was limited in any way in activities other than school because of an impairment or a physical or mental health problem.

Children's Health Status: General Questions (ages 0 - 17)

Several questions were asked about all children ages 0 through 17. Respondents who were older than 17 or who were deceased were coded as not applicable (-1) for these variables. Three questions asked for ratings of the child's health on a 4-point Likert scale, ranging from "definitely

false″ (1) to "definitely true″ (4).  These questions were:

> HEALTHY2: Child resists illness.
> NTHLTHY2: Child seems to be less healthy than other children.
> GETSICK2: Child seems to catch diseases that are going around.

In addition, information was provided on each child's height in feet (HIGHTFT2) and inches (HIGHTIN2), as well as each child's weight in pounds (WEIGHLB2) and in ounces (WEIGHOZ2).

Finally, CHLDLIM2 was constructed to reflect each child's inability to perform age-appropriate social roles.  For children aged 0 to 4, this variable was based on responses to LIMACT2, PLAYLIM2 and CANTPLA2 ; for children aged 5-17, it was based on responses to SPECSCH2, CANTSCH2 and LMOTACT2.  If any one of these variables had a "yes″ response (i.e., codes of 1 for LIMACT2, PLAYLIM2, CANTPLA2, SPECSCH2, or LMOTACT2, or codes of 1 or 2 for CANTSCH2), then CHILDLIM2 was coded as "yes″ (1).  If the relevant variables were all "no″, then CHILDLIM2 was coded as "no″ (2).  CHILDLIM2 was coded as "not ascertained″ (-9) if the relevant variables were combinations of "refused″ (-7), "don't know″ (-8), or not ascertained (-9).

## Complementary/Alternative Care

Round 3 included a series of questions that obtained information on the extent to which respondents used complementary or alternative medicine, such as acupuncture, nutritional advice, massage therapy, herbal therapy, biofeedback, homeopathic treatment, spiritual healing, relaxation therapy, hypnosis, or traditional (e.g., Chinese, American Indian) medicine.  These questions all asked about use during calendar year 1996.  In contrast to other health status variables, these questions were asked about deceased respondents.

Respondents were shown a card listing the above types of alternative medical treatments and asked (AP01) whether, during calendar year 1996, for health reasons, the person had consulted someone who provided these types of treatment.  If the response was "yes," the respondent was asked to specify which of the treatments on the list had been received.  Multiple types of service use by one person were possible.  Respondents could also specify that some other treatment, not explicitly included on the list, had been received.  This file contains a variable indicating that a respondent used a type of alternative treatment other than that specified on the list; the file does not contain any further information regarding the nature of this "other" alternative treatment.

The list included the following types of alternative treatments:

- acupuncture (ACUPUN96)
- nutritional advice or lifestyle diets (NUTRIT96)
- massage therapy (MASSAG96)

- herbal remedies purchased (HERBAL96)
- bio-feedback training (BIOFDB96)
- training or practice of meditation, imagery, or relaxation techniques (MEDITA96)
- homeopathic treatment (HOMEOT96)
- spiritual healing or prayer (SPIRTU96)
- hypnosis (HYPNO96)
- traditional medicine, such as Chinese, Ayurvedic, American Indian, etc. (TRADIT96)
- other treatment (ALTOTH96)

If a person was reported not to have used any alternative treatment during 1996 (i.e., ALTCAR96 = 2, "no"), or if the respondent refused to answer Altcar96, or didn't know the answer, or if data for this question were otherwise missing, then each variable representing a type of alternative treatment received a code of -1 ("inapplicable"). If the person had received some type of alternative care (i.e., =1, "yes"), then each variable representing a type of alternative treatment received a code of 1 ("yes") if specified or a code of 2 ("no") if not specified.

Those persons who had indicated receipt of alternative care were next asked to specify the type of alternative care practitioner used. Response options included the following:

- massage therapist (MASSTH96)
- acupuncturist (ACUPTH96)
- physician (MDTREA96)
- nurse (NURTRT96)
- homeopathic or naturopathic doctor (HOMEOM96)
- chiropractor (CHIRO96)
- clergy, spiritualist, or channeler (CLERGY96)
- herbalist (HERBTR96)
- other (OTHALT96)

One person could specify multiple types of practitioners. If a person was reported not to have used alternative treatment, or if the respondent refused to answer ALTCAR96, or didn't know the answer, or if data for this question were otherwise missing, then each variable representing a type of alternative practitioner received a code of -1 ("inapplicable"). If the person had received some type of alternative care (i.e., ALTCAR96 = 1, "yes"), then each variable representing a type of alternative practitioner received a code of 1 ("yes") if specified or a code of 2 ("no") if not specified.

Those persons who indicated receipt of alternative care were asked whether the use of complementary or alternative care was ever discussed with the person's regular doctor (DISCAL96), whether the person was ever referred for alternative care by a physician or other medical provider (REFRMD96), and whether the person consulted the alternative physical or complementary care practitioner(s) for a specific physical or mental health problem (ALCRSP96). As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1996

(i.e., ALTCAR96 = 2, "no"), or if the respondent refused to answer ALTCAR96, or didn't know the answer, or if data for this question were otherwise missing.

For each person who used alternative care, respondents were asked approximately how many times in 1996 did the person actually visit these types of practitioners (ALCRVS96). Respondents provided an estimated number of visits.  Respondents who did not know the number of visits were asked to provide a range of visits (e.g., one time, 2-4 times, etc.); ALCRVE96 reflects their responses to this question. As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1996 (i.e., ALTCAR96 = 2, "no"), or if the respondent refused to answer ALTCAR96, or didn't know the answer, or if data for this question were otherwise missing.

Chiropractic treatment was not included in the list of alternative treatments used in this section of the questionnaire.  Information on use of chiropractic practitioners is available in the office-based visits section of the utilization variables (see 2.5.6).

ALTCAR96 reports responses to this question for each person in the household.  If the answer to ALTCAR96 was "no" (2), "refused" (-7), or "don't know" (-8), then responses to all subsequent questions in this section were coded as not applicable (-1).

Persons who had consulted a provider of complementary/alternative care were asked to report approximately how many times during 1996 the person had actually visited these types of practitioners.  ALCRVS96 reports responses to this question.  No editing was done to this variable. If respondents could not provide an estimate of the total number of visits to practitioners of alternative care (i.e., ALCRVS96 is "don't know" (-8)), they were asked to estimate a range of visits.  Responses to the latter question are recorded in ALCRVE96.  Codes for ALCRVE96 represent the following estimated ranges of visits to alternative care providers:

     1 - 1 time
     2 - 2 to 4 times
     3 - 5 to 10 times
     4 - 11 to 20 times
     5 - 21 to 30 times
     6 - 31 or more times

For persons who had consulted a provider of  complementary/alternative care, question AP09 asked for an estimate of the total amount spent for all alternative or complementary care visits (regardless of type of provider) during calendar 1996.  ALCREE96 reports these estimates.   If a respondent answered "don't know" (-8), then they were asked (AP10) to indicate a likely range of expenditures.  ALCREX96 contains responses to this question, using the following codes:

     1 - $1 to $100
     2 - $101 to $500

3 - $501 to $1500
         4 - $1501 to $3000
         5 - $3001 to $5000
         6 - $5001 or more.

No editing was performed for either ALCREE96 or ALCREX96.

Respondents were asked whether health insurance paid for any of the person's complementary or alternative care visits.  INSALT96 has responses of "yes" (1), "no" (2), and  "does not have health insurance" (95).  A subsequent question, PERCIN96, asked respondents to estimate the percent of the total amount spent on complementary/alternative care visits that had been paid by insurance.  Those who had answered INSALT96 as "no" (2), "does not have health insurance" (95), "refused" (-7), or "don't know" (-8) were not asked PERCIN96 and received a code of -1 for PERCIN96.

The variables ALCREE96, ALCREX96, INSALT96, and PERCIN96 all pertain to <u>visits</u> to providers of alternative or complementary care.  PALTEX96, in contrast, asked respondents to estimate the total amount spent by the person on <u>products or remedies</u> that are associated with complementary/alternative care.  PALTEX96 reports these estimates in whole dollar amounts.  If a respondent answered "don't know" (-8), then they were asked to indicate a likely range of expenditures on alternative care products and remedies.  PALTEE96 reports these range estimates, using the following codes:

         1 - $1 to $50
         2 - $51 to $100
         3 - $101 to $200
         4 - $201 to $500
         5 - $501 or more

No editing was performed on PALTEX96 and PALTEE96.

When interpreting the cost and utilization variables for complementary/alternative care, analysts should remember that estimates of expenditures were obtained only for persons who had made a visit to a practitioner of complementary/alternative care.   In particular, estimates of expenditures on complementary/alternative products and remedies are based only on those who saw a practitioner of these types of care; expenditures on complementary/alternative products by persons who did **not** seek formal help from practitioners are **not** captured in this variable.

## Preventive Care Variables

For each person, excluding persons who died, a series of questions asked primarily about receipt of preventive care or screening examinations.  Questions varied in the applicable age or gender subgroups to which they pertained.  The list of variables in this series, along with their applicable

subgroup, is as follows:

DENTCHK3   frequency of dental check-ups
All ages and both genders

BLDPCHK3   time since last having blood pressure taken by a doctor, nurse, or other
health professional
Age > 17; both genders

CHOLCHK3   time since last checking cholesterol level
Age > 17; both genders

PHYSICL3   time since last complete physical
Age > 17; both genders

FLUSHOT3   time since last flu shot
Age > 17; both genders

WEARDEN3   does person wear dentures
Age > 34; both genders

LOSTEET3   has person lost all adult teeth
Age > 34; both genders

PROSEXA3   time since last prostate exam
Age > 17; male only

PAPSMER3   time since last pap smear test
Age > 17; female only

BRSTEXA3   time since last breast exam
Age > 17; female only

MAMOGRM3 time since last mammogram
Age > 39; female only

For each of the above variables, a code of -1 ("inapplicable") was assigned if the person was deceased, or if the person did not belong to the applicable age or gender subgroups.

## 3.10 Utilization, Expenditures and Source of Payment Variables (TOTTCH96-RXOSR96)

The MEPS Household Component (HC) collects data in each round on use and expenditures for office and hospital-based care, home health care, dental services, vision aids, and prescribed

medicines. Data were collected for each sample person at the event level (e.g. doctor visit, hospital stay) and summed across rounds 1-3 (excluding 1997 events covered in round 3) to produce the annual utilization and expenditure data for 1996 in this file. In addition, the MEPS Medical Provider Component (MPC) is a follow-back survey that collected data from a sample of medical providers and pharmacies that were used by sample persons in 1996. Expenditure data collected in the MPC are generally regarded as more accurate than information collected in the HC and were used to improve the overall quality of MEPS expenditure data in this file (see sections 3.10.1-3.10.1.6 for description of methodology used to develop expenditure data).

This file contains utilization and expenditure variables for several categories of health care services. The utilization variables in this release supercede those released in MEPS public use file HC-003. In general, there is one utilization variable (based on HC responses only), 13 expenditure variables (derived from both HC and MPC responses), and 1 charge variable for each category of health care service. The utilization variable is typically a count of the number of medical events reported for the category. The 13 expenditure variables consist of an aggregate total payments variable, 10 main component source of payment category variables, and 2 additional source of payment category variables (see section 3.10.1.5 for description of source of payment categories). Expenditure variables for all categories of health care combined are also provided.

The attached table in Appendix 1 provides an overview of the utilization and expenditure variables included in this file. For each health service category, the table lists the corresponding utilization variable(s) and provides a general key to the expenditure variable names (13 per service category). The first 3 characters of the expenditure variable names reflect the service category (except only 2 characters for prescription medicines) while the subsequent 3 characters (*** in table) reflect the naming convention for the source of payment categories described in section 3.10.1.5 below (except only 2 characters for Veterans Administration). The last 2 positions of all utilization and expenditure variable names reflect the survey year (i.e. 96). More details are provided on the utilization and expenditure variables in sections 3.10.1 and 3.10.2 below.

### 3.10.1    Expenditures Definition

Expenditures on this file refer to what is paid for health care services. More specifically, expenditures in MEPS are defined as the sum of direct payments for care provided during the year, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, and other sources. Payments for over the counter drugs and for alternative care services are not included in MEPS total expenditures. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also not included.

The definition of expenditures used in MEPS is somewhat different from the 1987 NMES and 1977 NMCES surveys where "charges" rather than "sum of payments" were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting charges. Another change from the two prior surveys is that charges associated with uncollected

liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications.

While the concept of expenditures in MEPS has been operationalized as payments for health care services, variables reflecting charges for services received are also provided on the file (see section 3.10.1.6). Analysts should use caution when working with the charge variables because they do not typically represent actual dollars exchanged for services or the resource costs of those services.

### 3.10.1.1  Data Sources on Expenditures

The expenditure data included on this file were derived from the MEPS Household and Medical Provider Components. Only HC data were collected for nonphysician visits, dental and vision services, other medical equipment and services, and home health care not provided by an agency while data on expenditures for care provided by home health agencies were only collected in the MPC. In addition to HC data, MPC data were collected for some office-based visits to physicians (or medical providers supervised by physicians), hospital-based events (e.g. inpatient stays, emergency room visits, and outpatient department visits), and prescribed medicines (see section 3.10.2.7). For these types of events, MPC data were used if complete; otherwise HC data were used if complete. Missing data for events where HC data were not complete and MPC data were not collected or complete were derived through an imputation process (see section 3.10.1.2).

A series of logical edits were applied to both the HC and MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. Data were not edited to insure complete consistency between the health insurance and source of payment variables on the file.

### 3.10.1.2  Imputation for Missing Expenditures and Data Adjustments

Expenditure data were imputed to 1) replace missing data, 2) provide estimates for care delivered under capitated reimbursement arrangements, and 3) to adjust household reported insurance payments because respondents were often unaware that their insurer paid a discounted amount to the provider. This section contains a general description of the approaches used for these three situations. A more detailed description of the editing and imputation procedures will be provided in the documentation for the forthcoming MEPS event level files.

Missing data on expenditures were imputed using a weighted sequential hot-deck procedure for most medical visits and services. In general, this procedure imputes data from events with complete information to events with missing information but similar characteristics. For each event type, selected predictor variables with known values (e.g., total charge, demographic characteristics, region, provider type, and characteristics of the event of care, such as whether it involved surgery) were used to form groups of donor events with known data on expenditures, as well as identical groups of recipient events with missing data. Within such groups, data were

assigned from donors to recipients, taking into account the weights associated with the MEPS complex survey design. Only MPC data were used as donors for hospital-based events while data from both the HC and MPC were used as donors for office-based physician visits. The general approach that was used to impute missing expenditure data on prescribed medicines is described in section 3.10.2.7 below.

Because payments for medical care provided under capitated reimbursement arrangements and through public clinics and Veterans' Hospitals are not tied to particular medical events, expenditures for events covered under those types of arrangements and settings were also imputed. Events covered under capitated arrangements were imputed from events covered under managed care arrangements that were paid based on a discounted fee-for-service method, while imputations for visits to public clinics and Veterans' Hospitals were based on similar events that were paid on a fee-for-service basis. As for other events, selected predictor variables were used to form groups of donor and recipient events for the imputations.

An adjustment was also applied to some HC reported expenditure data because an evaluation of matched HC/MPC data showed that respondents who reported that charges and payments were equal were often unaware that insurance payments for the care had been based on a discounted charge. To compensate for this systematic reporting error, a weighted sequential hot-deck imputation procedure was implemented to determine an adjustment factor for HC reported insurance payments when charges and payments were reported to be equal. As for the other imputations, selected predictor variables were used to form groups of donor and recipient events for the imputation process.

### 3.10.1.3 Methodology for Flat Fee Expenditures

Most of the expenditures for medical care reported by MEPS participants are associated with single medical events. However, in some situations there is one charge that covers multiple contacts between a medical provider and patient (e.g. obstetrician services, orthodontia). In these situations (generally called flat or global fees), total payments for the flat or global fee were included if the initial service was provided in 1996. For example, all payments for an orthodontist's fee that covered multiple visits over three years were included if the initial visit occurred in 1996. However, if a visit in 1996 to an orthodontist was part of a flat fee in which the initial visit occurred in 1995, then none of the payments for the flat fee were included.

The approach used to count expenditures for flat fees may create what appear to be inconsistencies between utilization and expenditure variables. For example, if several visits under a flat fee arrangement occurred in 1996 but the first visit occurred in 1995, then none of the expenditures were included, resulting in low expenditures relative to utilization for that person. Conversely, the flat fee methodology may result in high expenditures for some persons relative to their utilization. For example, all of the expenditures for an expensive flat fee were included even if only the first visit covered by the fee had occurred in 1996. On average, the methodology used for flat fees should result in a balance between overestimation and underestimation of expenditures in a particular year.

### 3.10.1.4 Zero Expenditures

There are some medical events reported by respondents where the payments were zero. This could occur for several reasons including (1) free care was provided, (2) bad debt was incurred, (3) care was covered under a flat fee arrangement beginning in an earlier year, or (4) follow-up visits were provided without a separate charge (e.g. after a surgical procedure). In summary, these types of events have no impact on the person level expenditure variables contained in this file.

### 3.10.1.5 Source of Payment Categories

In addition to total expenditures, variables are provided which itemize expenditures according to the major source of payment categories. These categories are:

1. Out of pocket by user or family (SLF);
2. Medicare (MCR);
3. Medicaid (MCD);
4. Private Insurance (PRV);
5. Veteran's Administration, excluding CHAMPVA (VA);
6. CHAMPUS (i.e. TRICARE) or CHAMPVA (CHM);
7. Other Federal Sources--includes Indian Health Service, Military Treatment Facilities, and other care provided by the Federal government (OFD);
8. Other State and Local Source--includes community and neighborhood clinics, State and local health departments, and State programs other than Medicaid (STL);
9. Worker's Compensation (WCP);
10. Other Unclassified Sources--includes sources such as automobile, homeowner's, liability, and other miscellaneous or unknown sources (OSR).

Two additional source of payment variables were created to classify payments for particular persons that appear inconsistent due to differences between the survey questions on health insurance coverage and sources of payment for medical events. These variables include:

11. Other Private (OPR)—any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS (i.e. for hospital and physician services); and

12. Other Public (OPU)—Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with the OPR and OPU categories. While these payments stem from apparent inconsistent responses to the health insurance and source of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and physician services. If a MEPS sample person did not have such coverage but had a single service

type insurance plan (e.g. dental insurance) that paid for a particular episode of care, those payments may be classified as "other private". Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be for persons who were not enrolled in Medicaid, but were presumed eligible by a provider who ultimately received payments from the program.

The naming conventions used for the source of payment expenditure variables are shown in parentheses in the list of categories above and in the key to the attached table. In addition, total expenditure variables (EXP in key) based on the sum of the 12 source of payment variables above are provided.

### 3.10.1.6 Charge Variables

In addition to the expenditure variables described above, a variable reflecting total charges is provided for each type of service category (**except prescribed medicines**). This variable represents the sum of all fully established charges for care received and usually does not reflect actual payments made for services, which can be substantially lower due to factors such as negotiated discounts, bad debt, and free care (see above). The naming convention used for the charge variables (TCH) is also included in the key to the attached table. The total charge variable across services (TOTTCH96) excludes prescribed medicines.

### 3.10.2　Utilization and Expenditure Variables by Type of Medical Service

The following sections summarize definitional, conceptual and analytic considerations when using the utilization and expenditure variables in this file. Separate discussions are provided for each MEPS medical service category.

### 3.10.2.1 Medical Provider Visits (i.e., Office-Based Visits)

Medical provider visits consist of encounters that took place primarily in office-based settings and clinics. Care provided in other settings such as a hospital, nursing home, or a person's home are not included in this category.

The total number of office based visits reported for 1996 (OBTOTV96) as well as the number of such visits to physicians (OBDRV96) and nonphysician providers (OBOTHV96) are contained in this file. For a small proportion of sample persons, the sum of the physician and nonphysician visit variables (OBDRV96+OBOTHV96) is less than the total number of office-based visits variable (OBTOTV96) because OBTOTV96 contains reported visits where the respondent did not know the type of provider.

Non-physician visits (OBOTHV96) include visits to the following types of providers: chiropractors, midwives, nurses and nurse practitioners, optometrists, podiatrists, physician's assistants, physical therapists, occupational therapists, psychologists, social workers, technicians, receptionists/clerks/secretaries, or other medical providers. Separate utilization variables are included for selected types of more commonly seen non-physician providers including chiropractors

(OBCHIR96), nurses/nurse practitioners (OBNURS96), optometrists (OBOPTO96), physician assistants (OBASST96), and physical or occupational therapists (OBTHER96).

Expenditure variables associated with all medical provider visits, physician visits, and non-physician visits in office-based settings can be identified using the attached table. As for the corresponding utilization variables, the sum of the physician and non-physician visit expenditure variables (e.g. OBDEXP96+OBOEXP96) is less than the total office-based expenditure variable (OBVEXP96) for a small proportion of sample persons. This can occur because OBVEXP96 includes visits where the respondent did not know the type of provider seen.

### 3.10.2.2 Hospital Events

Separate utilization variables for hospital care are provided for each type of setting (inpatient, outpatient department, and emergency room) along with two expense variables per setting; one for basic hospital facility expenses and another for payments to physicians who billed separately for services provided at the hospital. These payments are referred to as "separately billing doctor" or SBD expenses.

Hospital facility expenses include all expenses for direct hospital care, including room and board, diagnostic and laboratory work, x-rays, and similar charges, as well as any physician services included in the hospital charge. Separately billing doctor (SBD) expenses typically cover services provided to patients in hospital settings by providers like radiologists, anesthesiologists, and pathologists, whose charges are often not included in hospital bills.

### Hospital Outpatient Visits

Variables for the total number of reported visits to hospital outpatient departments in 1996 (OPTOTV96) as well as the number of outpatient department visits to physicians (OPDRV96) and non-physician providers (OPOTHV96) are contained in this file. For a small proportion of sample persons, the sum of the physician and non-physician visit variables (OPDRV96+OPOTHV96) is less than the total number of outpatient visits variable (OPTOTV96) because OPTOTV96 contains reported visits where the respondent did not provide information on the type of provider seen.

Expenditure variables (both facility and SBD) associated with all medical provider visits, physician visits, and non-physician visits in outpatient departments can be identified using the attached table. As for the corresponding utilization variables, the sum of the physician and non-physician expenditure variables (e.g. OPVEXP96+OPOEXP96 for facility expenses) is less than the variable for total outpatient department expenditures (OPFEXP96) for a small proportion of sample persons. This can occur because OBFEXP96 includes visits where the respondent did not know the type of provider seen. No expenditure variables are provided for health care consultations that occurred over the telephone.

## Hospital Emergency Room Visits

The variable ERTOT96 represents a count of all emergency room visits reported for the survey year. Expenditure variables associated with ERTOT96 are identified in the attached table. It should be noted that hospitals usually include expenses associated with emergency room visits that immediately result in an inpatient stay with the charges and payments for the inpatient stay. Therefore, to avoid the potential for double counting when imputing missing expenses, separately reported expenditures for emergency room visits that were identified in the MPC as directly linked to an inpatient stay were included as part of the inpatient stay only (see below). This strategy to avoid double counting resulted in $0 expenditures for these emergency room visits. However, these $0 emergency room visits are still counted as separate visits in the utilization variable ERTOT96.

## Hospital Inpatient Stays

Two measures of total inpatient utilization are provided on the file: (1) total number of hospital discharges (IPDIS96) and (2) the total number of nights associated with these discharges (IPNGTD96). IPDIS96 includes hospital stays where the dates of admission and discharge were reported as identical. These "zero night stays" can be included or excluded from inpatient analyses at the user's discretion (see last paragraph of this section). If the number of nights in the hospital could not be computed for any reported stay for a person, then IPNGTD96 was assigned a missing value.

Expenditure variables associated with hospital inpatient stays are identified in the attached table. To the extent possible, payments associated with emergency room visits that immediately preceded an inpatient stay are included with the inpatient expenditures (see above) and payments associated with healthy newborns are included with expenditures for the mother (see next paragraph for more detail).

Data used to construct the inpatient utilization and expenditure variables for newborns were edited to exclude stays where the newborn left the hospital on the same day as the mother. This edit was applied because discharges for infants without complications after birth were not consistently reported in the survey and charges for newborns without complications are typically included in the mother's hospital bill. However, if the newborn was discharged at a later date than the mother was discharged, then the discharge was considered a separate stay for the newborn when constructing the utilization and expenditure variables.

Some analysts may prefer to exclude zero night stays from inpatient analyses and/or count these stays as ambulatory visits. Therefore, a separate use variable is provided which contains a count of the number of inpatient events where the reported dates of admission and discharge were the same (IPZERO96). This variable can be subtracted from IPDIS96 to exclude "zero night" stays from inpatient utilization estimates. In addition, separate expenditure variables are provided for "zero night" facility expenses (ZIFEXP96) and for separately billing doctor expenses (ZIDEXP96). Analysts who choose to exclude zero-night stays from inpatient expenditure analyses need to subtract the zero-night expenditure variable from the corresponding expenditure variable for total

inpatient stays (e.g. IPFEXP96-ZIFEXP96 for facility expenses, IPDEXP96-ZIDEXP96 for separately billing doctor expenses).

### 3.10.2.3 Dental Visits

The total number of dental visits variable (DVTOT96) includes those to any person(s) for dental care including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.  Additional variables are provided for the numbers of dental visits to general dentists (DVGEN96) and to orthodontists (DVORTH96).  For a small proportion of sample persons, the sum of the general dentist and orthodontist visit variables (DVGEN96+DVORTH96) is greater than the total number of dental visits (DVTOT96).  This result can only occur for persons who were reported to have seen both a general dentist and orthodontist in the same visit(s).  When this occurred, expenditures for the visit were included as orthodontist expenses but not as general dentist expenses.  Expenditure variables for all three categories of dental providers can be identified using the attached table.

### 3.10.2.4 Home Health Care

In contrast to other types of medical events where data were collected on a per visit basis, information on home health care utilization is collected in MEPS on a per month basis. Variables are provided which indicate the total number of months in 1996 where home health care was received from any type of paid or unpaid caregiver (HHTOTM96), agencies, hospitals, or nursing homes (HHAGM96), self-employed persons (HHINDM96), and unpaid informal caregivers not living with the sample person (HHINFM96).

In addition to monthly utilization variables, variables are also provided for the number of "provider days" of care received.  The number of provider days represents the sum across months of the number of days on which home health care was received, with days summed across all providers seen.  For example, if a person received care in one month from one provider on 2 different days, then the number of provider days would equal 2.  The number of provider days would also equal 2 if a person received care from 2 different providers on the same day. However, if a person received care from 1 provider 2 times in the same day, then the provider days would equal 1.  As for the month variables described above, separate variables for provider days are included for each source of care category (HHTOTD96, HHAGD96, HHINDD96, and HHINFD96).  These variables were assigned missing values if the number of provider days could not be computed for any month in which the specific type of home health care was received.

Separate expenditure variables are provided for agency-sponsored home health care (includes care provided by home health agencies, hospitals, and nursing homes) and care provided by self-employed persons.  The attached table identifies the home health care utilization and expenditure variables contained in the file.

### 3.10.2.5 Vision Aids

Expenditure variables for the purchase of glasses and/or contact lenses are identified in the attached table. Due to the data collection methodology, it was not possible to determine whether vision items that were reported in round 3 had been purchased in 1996 or 1997. Therefore, expenses reported in round 3 were only included if more than half of the person's reference period for the round was in 1996.

### 3.10.2.6 Other Medical Equipment and Services

This category includes expenditures for ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased or rented during the year. Respondents were only asked once (in round 3) about their total annual expenditures and were not asked about their frequency of use of these services. Expenditure variables representing the combined expenses for these supplies and services are identified in the Appendix 1 table.

### 3.10.2.7 Prescribed Medicines

There is one total utilization variable (RXTOT96) and 13 expenditure variables included on the 1996 full-year file relating to prescribed medicines. These 13 expenditure variables include an annual total expenditure variable (RXEXP96) and 12 corresponding annual source of payment variables (RXSLF96, RXMCR96, RXMCD96, RXPRV96, RXVA96, RXCHM96, RXOFD96, RXSTL96, RXWCP96, RXOSR96, RXOPR96, and RXOPU96). Unlike the other event types, the prescribed medicine events have some remaining inconsistencies in the data when comparing information from the insurance section of the Household Component and source of payment information from the Pharmacy Component (more specifically, discrepancies between Medicare only household insurance responses and Medicaid source of payment provided by pharmacy providers). These inconsistencies remain unedited because there was strong evidence from the Pharmacy Component that these were indeed Medicaid payments. All of these types of Household Component events were either exact matches to events in the Pharmacy Component or refills of exact matches, and in addition, all of these types of events were purchases by persons with positive weights. The total utilization variable is a count of all prescribed medications initially purchased or otherwise obtained during 1996, as well as any additional acquisitions of the medication. The total expenditure variable sums all amounts paid out-of-pocket and by third party payers for each prescription purchased in 1996. No variables reflecting charges for prescription medicines are included because a large proportion of respondents to the pharmacy component survey did not provide charge data (see below).

### Prescribed Medicines Data Collected

Data regarding prescription drugs were obtained through the household questionnaire and a pharmacy component survey. During each round of the MEPS HC, all respondents were asked to supply the name of any prescribed medication they or their family members purchased or otherwise

obtained during that round.  For each medication and in each round, the following information was collected: whether any free samples of the medication were received; the name(s) of any health problems the medication was prescribed for; the number of times the prescription drug was obtained or purchased; the year, month, and day on which the person first used the medication; and a list of the names, addresses, and types of pharmacies that filled the household's prescriptions.  Also, during the Household Component, respondents were asked if they send in claim forms for their prescriptions (self-filers) or if their pharmacy providers do this automatically for them at the point of purchase (non-self-filers).  For non-self-filers, charge and payment information was collected in the pharmacy component survey.  However, charge and payment information was collected for self-filers in the household questionnaire, because payments by private third party payers for self-filers' purchases would not be available from a pharmacy follow-back survey.

Pharmacy providers identified by the household were contacted by mail for the pharmacy component survey if permission was obtained in writing from the person with the prescription to release their pharmacy records.  The signed permission forms were provided to the various establishments prior to making any requests for information.  Each establishment was informed of all persons participating in the survey that had prescriptions filled there in 1996 and a computerized printout containing information about these prescriptions was sought.  For each medication listed, the following information was requested: date filled; National Drug Code (NDC); medication name; strength of medicine (amount and unit); quantity (package size and amount dispensed); total charge; and payments by source.

When diabetic supplies, such as syringes and insulin, were reported in the other medical supply section of the MEPS HC questionnaire as having been obtained during the round, the interviewer was directed to collect information on these items in the prescription drug section of MEPS.  Data on expenses for these items were collected in and imputed from the pharmacy component survey.

## Prescribed Medicines Data Editing and Imputation

The general approach to preparing the household prescription data for this file was to utilize the pharmacy component prescription data to assign expenditure values to the household drug mentions.  For self-filers, information on payment sources was retained to the extent that these data were reported by the household in the charge and payment section of the household questionnaire.  A matching program was adopted to link pharmacy survey drugs and the corresponding drug information to household drug mentions.  To improve the quality of these matches, all drugs on the household and pharmacy files were coded based on the medication names provided by the household and pharmacy, and when available, the National Drug Code (NDC) provided in the pharmacy survey.  Considerable editing was done prior to the matching to correct data inconsistencies in both data sets and fill in missing data and correct outliers on the pharmacy file.

Drug price per unit outliers were analyzed on the pharmacy file by first identifying the average wholesale unit price (AWUP) of the drug by linkage through the NDC to a proprietary data base.  In general, prescription drug unit prices were deemed to be outliers by comparing unit prices reported in the pharmacy data base to the AWUP and were edited, as necessary.

Round 3 household drug mentions in MEPS were not identified in the HC as 1996 or 1997 drug events for persons in households in which their Round 3 began in 1996 and ended in 1997. All exact matches to pharmacy survey drug events for persons whose pharmacies participated were classified as 1996 drug purchases. Any remaining Round 3 household drug mentions for persons with Round 3 spanning both years were randomly allocated to 1996 or 1997 based on the proportion of the household's Round 3 period in each year.

## 4.0 Survey Sample Information

## 4.1 Sample Design and Response Rates - Full Year

The MEPS is designed to produce estimates at the national and regional level over time for the civilian, non-institutionalized population of the United States and some subpopulations of interest. The health care utilization data in this public use set pertain to calendar year 1996 and were collected in Rounds 1,2, and 3 of the survey. For Round 3, with a reference period that covers 1996 through 1997, only the utilization data collected that occurred in calendar year 1996 are provide on the file.

The 1996 MEPS sample consisted of a subsample of households (occupied dwelling units) that responded to the 1995 National Health Interview Survey (NHIS) in the two panels reserved for the MEPS. Analysis can be undertaken using both the individual and the family as units of analysis.

For detailed information on the sample design, see: Cohen, S. Sample Design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report, No. 2. AHCPR Pub. No. 97-0027.

### MEPS-Linked to the National Health Interview Survey

The sample of 10,639 households (occupied dwelling units) for the 1996 Panel of MEPS consisted of a nationally representative subsample of the households responding to the 1995 National Health Interview Survey (NHIS). The NHIS sample design has three stages of sample selection: an area sample of PSUs; a sample of segments (single or groups of blocks or block equivalents) within sampled PSUs; and a sample of housing units within segments. Among initially sampled households, those containing Hispanics and blacks were oversampled at rates of approximately 2 and 1.5, respectively, times the rate of remaining households. These same rates of oversampling are reflected in the MEPS sample of households. The only major difference in the definition of a household between NHIS and MEPS is that college aged students living away from home during the school year were interviewed at their place of residence for the NHIS but were identified by and linked to their parents' household for MEPS. A link file for linking the 1996 MEPS HC PUFs to the 1996 NHIS PUFs is available from AHRQ upon request.

**Response Rates**

Since the 1996 MEPS Household Survey sample was selected from a nationally representative sub-sample of households who were part of the 1995 NHIS, the overall response was derived from three component response rates. The NHIS response rate achieved for the households eligible for the MEPS was 93.9 percent. Of the 10,639 responding NHIS dwelling units eligible for the MEPS, 99.6 percent were identified with sufficient information to permit MEPS data collection. Within these dwelling units, there were 11,429 eligible reporting units targeted for interviews in Round 1, of which 83.1 percent responded to the first core MEPS interview. Two percent of the reporting units fielded in Round 1 could not be located; 15 percent were located and declined to participate in the MEPS interview, accounting for the 17 percent reporting unit nonresponse. Overall, the joint NHIS - Round 1 response rate for the 1996 MEPS household survey was 77.7 percent (.939 x .996 x .831).

In order to be considered a responding survey participant in MEPS for the purpose of deriving annual 1996 estimates, the person had to be key and inscope with data provided for their entire period of eligibility in 1996. If all the key, inscope and eligible sample participants in MEPS with positive values for the MEPS Round 1 person level weight, in addition to new key and inscope respondents who joined a responding household in 1996 after Round 1 (here, the new respondent acquiring the sampling weight of the family they joined), responded for their entire period of eligibility in 1996, no additional adjustment for part year survey nonresponse over the course of Rounds 1-3 would be necessary. Of 23,881 sample participants identified in MEPS, 21,571 or 90.33 percent provided data for their entire period of eligibility in 1996. Consequently, the overall MEPS person level response rate for deriving annual estimates in 1996 was 70.2 percent (.777 x .903), after factoring in the impact of survey attrition.

## 4.2    Sample Weights and Variance Estimation Variables - Full Year

### 4.2.1    Person Level Estimation using this MEPS PUF

**Overview**

There is a single person level weight variable called WTDPER96. However, care should be taken in its application as it permits both "point-in-time" and "range of time" estimates, depending on the variables used to define the set of persons of interest for analysis. A person level weight was assigned to each key, inscope person who responded to MEPS for the  full period of time that he or she was inscope during 1996. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the 1995 NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

## Developing Person Level MEPS Estimates

The data in this file can be used to develop estimates on persons in the civilian noninstitutionalized population on December 31, 1996 and for the slightly larger population of persons in the civilian noninstitutionalized population at any time during 1996.  To obtain a cross-sectional (point-in-time) estimate for all inscope persons living in the country on December 31, 1996, include cases with both WTDPER96>0 (a positive person level weight) and INSC1231=1 (the person is inscope on December 31, 1996).  To obtain an estimate for all persons who were inscope at some time in 1996, include all cases with WTDPER96>0.  After selecting the appropriate cases, apply the weight variable WTDPER96 to the analytic variable(s) of interest to obtain national estimates.  The following table contains a summary of cases to include and sample sizes for these two populations (for shorthand purposes the term "general" is used to indicate the "civilian, non-institutionalized" component of the U.S. population).

| Population of Interest | Cases to Include | Sample Size |
|---|---|---|
| General Population on December 31, 1996 | WTDPER96>0 and INSC1231=1 | 21,326 |
| General Population over the course of 1996 | WTDPER96>0 | 21,571 |

## Details on Person Weights Construction

The person level weight WTDPER96 was developed using the MEPS Round 1 person-level weight as a base weight (for key, inscope respondents who joined an RU after Round 1, the Round 1 RU weight served as a "base" weight).  The weighting process included an adjustment for nonresponse over Round 2 and  the 1996 portion of Round 3 as well as poststratification to population control figures for December  1996 (these figures were derived by scaling the population totals obtained from the March 1997  Current Population Survey (CPS) to reflect the Census Bureau estimated population distribution  across age and sex categories as of December, 1996). Variables used in the establishment of person level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex, and age. Overall, the weighted population estimate for the civilian non-institutionalized population for December 31, 1996 is 265,439,511 (WTDPER96>0 and  INSC1231=1).  The inclusion of key, in scope persons who were not in scope on December 31, 1996 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 268,905,490 (WTDPER96>0).  The weighting process included post stratification to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries in 1996, and post stratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted

to nursing homes.

The MEPS round 1 weights incorporated the following components: the  original household probability of selection for the NHIS; ratio-adjustment to NHIS national  population estimates at the household (occupied dwelling unit) level; adjustment for nonresponse  at the dwelling unit level for Round 1; and poststratification to figures at the family and person  level obtained from the March 1996 CPS data base.

## Coverage

The target population for MEPS in this file is the 1996 U.S. civilian noninstitutionalized population.  However, the MEPS sampled households are a subsample of the NHIS households interviewed in mid-1995.  New households created after these NHIS interviews and consisting exclusively of persons who entered the target population in late 1995 or during 1996 (i.e. families of immigrants, persons who leaving the military or returning from residence in another country, and/or persons leaving institutions) are not covered by MEPS. However, these uncovered persons constitute only a negligible proportion of the MEPS target population.

## 4.2.2  Family Level Estimation Using this MEPS PUF

There are two family weight variables called WTFAMF96 and WTCFAM96 that are provided in this release.  In general, WTFAMF96 can be used to make estimates for the cross-section of families in the U.S. civilian noninstitutionalized population on December 31, 1996. WTCFAM96 is provided to make estimates for the families as defined according to the guidelines used by the Current Population Survey (CPS-like).  In addition, estimates can be constructed using WTFAMF96 that also include families that existed at some time during 1996 but became out-of-scope for the survey prior to the end of the year (e.g., all family members moved out of the country, died, etc.).

## Definition of Family Estimates

A family is defined in MEPS as two or more persons living together in the same household who are related by blood, marriage, or adoption, as well as foster children.  Other MEPS families include unmarried persons living together who consider themselves as a family unit. Single persons not living with a relative or a person identified as "significant other" have also been assigned a family level weight (but can be included or excluded from estimates).  Relatives identified as usual residents of the household who were not there at the time of the interview, such as college students living away from their parents' home during the school year, were considered as members of the family that identified them.

To make estimates at the family level, it is necessary to prepare a family level file containing one record per family (see instructions below), with family level summary characteristics and the family-level weight variable (WTFAMF96).  Each MEPS family unit is uniquely identified by the combination of the variables DUID and FAMIDYR. The number of persons in MEPS sample

families' ranges from 1 to 14. Only persons with positive nonzero family weight values (WTFAMF96>0) are candidates for inclusion in family estimates.

Three sets of families for whom estimates can be obtained are defined in the table below (along with respective sample sizes). Persons with FMRS1231=1 were in scope for the survey on 12/31/96 and therefore part of a MEPS family on 12/31/96. The more expansive definition of families (second row in table) includes families and members of families who were not in scope at the end of the year. The third row is for CPS-like families excluding foster children. While MEPS includes individual persons as family units (about one-third of all units) to cover the entire civilian noninstitutionalized population, analysts may restrict their analyses to families with 2 or more members using the family size variables shown in the table.

| Population of Interest | Cases to Include | Sample Size | Family Size Variable |
|---|---|---|---|
| Cross-section of Families in the Civilian Noninstitutionalized Population on 12/31/96 | WTFAMF96>0 & FMRS1231=1 | 8,586 | FAMS1231 |
| Families in the Civilian Noninstitutionalized Population on 12/31/96 plus families and members of families in existence earlier in 1996 who were not part of the civilian noninstitutionalized population on 12/31/96 | WTFAMF96>0 | 8,655 | FAMSZEYR |
| CPS-like families excluding foster children | WTCFAM96>0 | 8,826 | FCSZ1231 |

**Instructions to Create Family Estimates**

Following is a summary of the necessary steps to use the variables in this release for family level estimation based on MEPS type definition of families.

1. Concatenate the variables DUID and FAMIDYR into a new variable (e.g. DUIDFAMY).

2. To create a family level file, sort by DUIDFAMY and then subset to one record per DUIDFAMY by retaining only the reference person record (FAMRFPYR=1) for each value of DUIDFAMY. If aggregate measures for families' are needed for analytic purposes (e.g. means or totals), then those measures need to be computed using person-level information within families and attached to the family record. For other types of variables, analysts frequently use characteristics of the reference person to represent family characteristics.

3. Apply the weight WTFAMF96 to the analytic variable(s) of interest to obtain national

family estimates.

4. Use CPSFAMID, FCRP1231, and WTCFAM96 in places of FAMIDYR, FAMRFPYR, and WTFAMF96 to make estimates as of 12/31/1996 for CPS-like families excluding foster children.

**Details on Family Weight Construction and Estimated Number of Families**

To develop the family level weight (WTFAMF96), the person level weight (WTDPER96) of the family reference person (FAMRFPYR=1) was used as the base weight for all responding full year families. Then, for responding families eligible for weighting and in existence at the end of 1996, these base weights were poststratified to population control figures from the Current Population Survey (CPS) for December 1996 (these figures were derived by scaling the population totals obtained from the March 1997 CPS to reflect family estimates as of December, 1996). The family level poststratification incorporated the following variables: census region; MSA status; race/ethnicity of reference person (Hispanic, black but non Hispanic, and other); family type (reference person married, living with spouse; male reference person, unmarried or spouse not present; female reference person, unmarried or spouse not present); age of reference person; and family size as of December 31, 1996.

Overall, the weighted population estimate for the number of family units containing at least one member of the U.S. civilian noninstitutionalized population on December 31, 1996 is 108,621,123 (those families identified by WTFAMF96>0 and FMRS1231=1). The inclusion of families whose members left the inscope population prior to December 31, 1996 brought the estimated total number of families represented by the MEPS responding families up to 109,482,489 (those families identified by WTFAMF96>0). While estimated total number of CPS-like families excluding foster children is 111,533,862 (those families identified by WTCFAM96)

## 4.2.3  Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS. Various approaches can be used to develop such estimates of variance including use of the Taylor series or various replication methodologies. Replicate weights have not been developed for the MEPS 1996 data. Variables needed to implement a Taylor series estimation approach is described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR96 and VARPSU96, respectively. Specifying a "with replacement" design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for

characteristics generally distributed throughout the country (and thus the sample PSUs), there are over 100 degrees of freedom associated with the corresponding estimates of variance.

## 4.3     Sample Weights and Variance Estimation Variables - Round 2

**Person Level Weight**

The person level weight variable on File 2 is WGTSP2T.  A person level weight was assigned to all key, eligible and in-scope members of the U.S. civilian, non-institutionalized population for whom data were collected in both the first and second rounds of data collection for the 1996 MEPS HC.  This weight reflects the original household probability of selection for the NHIS, ratio-adjustment to NHIS national population estimates at the household level, adjustment for non-participation in MEPS HC at the dwelling unit level, and poststratification to figures obtained from March, 1996 Current Population Survey data at the family and person level.  The person level poststratification reflected population distributions across census region; race/ethnicity (Hispanic, black/non-Hispanic, other); sex; and age.  Overall, the weighted population estimate is 263,515,813 for the civilian noninstitutionalized population.

The person level estimates produced from these files are derived from a nationally representative sample of the civilian non-institutionalized population defined as of the first half of 1996. The estimates are to be interpreted as attributes of the target population defined as of the first half of 1996.

**Family Level Weight**

The family level weight on File 2 is WGTRU2T.  A family was defined to be two or more persons living together who are related by blood, marriage, adoption, or foster care.  The members of a "family" unit can vary over time due to births, deaths, and migration in and out of family units.  For the purposes of assigning a family level weight for each round of MEPS HC, a family unit was defined as the set of related people living together during the reference period for whom data were collected (for Round 1, from January 1, 1996 to the date of the Round 1 interview and for Round 2, from the date of the Round 1 interview to the date of the Round 2 interview).  Persons who died during the reference period were considered to be family members, as were people for whom data could be collected for a portion of the round if a person left the civilian, non-institutionalized population later in the round (i.e., if a person was institutionalized, left the country, or joined the military).  College age students living away from home during the school year also were considered family members.  A family member need not be key nor in-scope.  Such persons are family members for the "snapshot" of the family represented by the Round and may have made important contributions to such items as a family's income or health care coverage.

All responding family units with at least one key, eligible, in-scope person as well as reporting units consisting of a single key, in-scope, eligible respondent received a family level weight.  At the family level, poststratification to March, 1996 CPS figures was undertaken reflecting factors such as family type (reference person married/spouse present; male reference person/no spouse

present; female reference person/no spouse present), size of family, age of reference person, location of family (census region and MSA status), and race/ethnicity of reference person. The weighted estimate of the number of family units (including single person units) containing at least one member of the U.S. civilian non-institutionalized population is 110,206,950. To produce family level estimates consistent with this population, a family level file needs to be prepared containing one record per family, with family level summary characteristics (based on persons in the family) and the family-level weight variable (WGTRU2T).

## Estimation Issues

Analysts should note the following:

1. When analyzing Round 2 data by combining the File 2 data with data from the first MEPS public use data release (HC-001), only persons eligible for Round 2 (i.e., those with a value of 1, 3 or 4 for the File 2 variable ELIGRND2) should be included in family level analyses. (The analogous File 1 variable is ELIGRND1, which was provided on the first release of Round 1 data (HC-001)).

2. The variables HSELIG2 and ACCELIG2 indicate whether persons were eligible to receive the Health Status (HSELIG2=1) and Access to Care questions (ACCELIG2=1), respectively. Persons who were dead as of the Round 2 interview date did not receive the Health Status questions; those who were dead or institutionalized as of the Round 2 interview date did not receive the Access to Care questions. When making estimates from this file, analysts should take care to exclude persons who did not receive the relevant questions.

3. The File 2 variables corresponding to questions AC20 through AC26 of the Access Section (CHNGUSC2 through OTHRPRO2) come from questions asked at the family level and require the use of the family-level weight, WGTRU2T, for estimation when used as the primary analytical measure of interest.

4. While variables and categories with very small cell sizes have been suppressed, some remaining variables will not have adequate numbers of observations to support reliable estimation. Users are urged to use a minimum sample size of 100 MEPS participants with positive weights to produce survey estimates. In addition, survey estimates with relative standard errors greater than or equal to 0.3 are to be treated as unreliable.

Following are examples of how to make person-level and family-level estimates using the Access to Care data.

A.    Person-level estimates.  Example: Making estimates of the total population eligible for the Access to Care Section and the percent of the population with no usual source of health care.

1.    Subset File 2 to only those 22,149 persons with positive person level weights (WGTSP2T>0).

2.    From this file, exclude those persons with ACCELIG2=2.  There are 72 such people with positive person level weights, leaving 22,077 unweighted individuals.

3.    Apply the weight WGTSP2T to the 22,077 persons to obtain the population estimate of 262,654 thousand Americans.

4.    Next exclude those persons with HAVEUSC2=-7, -8, or -9 (those persons for whom a response was refused, don't know, or not ascertained), leaving 21,979 unweighted individuals with valid data on HAVEUSC2.

5.    Run a frequency distribution on HAVEUSC2 weighted by WGTSP2T. The results will indicate that 17.6 percent of the population have no usual source of health care (HAVEUSC2=2).  This estimate assumes that the nonresponders follow the same distribution as the respondents.

B.    Family-level estimates.  Example: Making estimates of the total number of families and the percent of families experiencing difficulty or delay or not receiving needed health care due to any reason.

1.    Concatenate the variables DUID and FAMID2 into a variable called DUIDFAM2.

2.    Sort the file by DUIDFAM2 and then subset to one record per DUIDFAM2 (i.e., retain only the first record for each value of DUIDFAM2).  This will result in 9,084 records.

3.    Apply the weight WGTRU2T to the 9,084 records to obtain the population estimate of 110,207 thousand American families.

4.    Exclude records with OBTAINHC<0.

5.    Run a frequency distribution on OBTAINH2 weighted by WGTRU2T. The results will indicate that 11.6 percent of American families experienced difficulty or delay or did not receive needed health care due to any reason (OBTAINH2=1).

Note: These estimates duplicate numbers which can be found in Weinick RM, Zuvekas SH, and Drilea SK.  Access to health care--sources and barriers: 1996.  Rockville (MD): Agency for Health Care Policy and Research; 1997.  *MEPS Research Findings No. 3*. AHCPR Pub. No. 98-0001.

Many of the variables contained on File 2 have missing values for the population of persons with positive person level weights (WGTSP2T>0, n=22,149).  In order to produce national estimates, some nonresponse adjustment or imputation strategy will need to be implemented by the analyst to correct for potential nonresponse bias.

## Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS HC survey data, one needs to take into account the complex sample design of MEPS HC for both person and family level analyses.  Various approaches can be used to develop such estimates of variance, using a Taylor series method for variance estimation or alternative replication methodologies.  Replicate weights have not been developed for the Round 1 or 2 MEPS HC data; the focus here is to identify the variables needed to implement a Taylor series estimation approach.

Using such an approach, variance estimation strata and the variance estimation PSUs within these strata must be specified.  The corresponding variables on File 2 are VARSTRT2 and VARPSU2, respectively.   Specifying a "with replacement" design in a computer software package such as SUDAAN should provide estimated standard errors appropriate for assessing the variability of MEPS HC survey estimates.  It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the number available.  For MEPS HC sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), a reasonable rule of thumb is that there are roughly 170 degrees of freedom associated with the corresponding estimates of variance.

**D.  Variable-Source Crosswalk**

## SURVEY ADMINISTRATION VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| DUID | DU ID | Assigned in Sampling |
| PID | Person Number (PN) | Assigned in Sampling or by CAPI |
| DUPERSID | Sample Person ID (DUID+PID) | Assigned in Sampling |
| FAMID1 | Family Identifier (Student Merged In) - R1 | CAPI Derived |
| FAMID2 | Family Identifier (Student Merged In) - R2 | CAPI Derived |
| FAMID96 | Fam Identifier (Stud Merged In) - 12/31/96 | CAPI Derived |
| FAMIDYR | Annual Family Identifier | Constructed |
| CPSFAMID | CPS-Like Family Identifier | Constructed |
| RULETTR1 | RU Letter - R1 | CAPI Derived |
| RULETTR2 | RU Letter - R2 | CAPI Derived |
| RULETR96 | RU Letter As of Dec 31 | CAPI Derived |
| RUSIZE1 | RU Size - R1 | CAPI Derived |
| RUSIZE2 | RU Size - R2 | CAPI Derived |
| RUSIZE96 | RU Size As of Dec 31 | CAPI Derived |
| RUCLASS1 | RU: Standard/New/Student - R1 | CAPI Derived |
| RUCLASS2 | RU: Standard/New/Student - R2 | CAPI Derived |
| RUCLAS96 | RU: Standard/New/Student - 12/31/96 | CAPI Derived |
| FAMSIZE1 | RU Size Including Students - R1 | CAPI Derived |
| FAMSIZE2 | RU Size Including Students - R2 | CAPI Derived |
| FAMSZE96 | RU Size Including Students As of Dec 31 | CAPI Derived |
| FMRS1231 | Member of Responding 12/31 Family | Constructed |
| FAMS1231 | Family Size of Responding 12/31 Family | Constructed |
| FAMSZEYR | Size of Responding Annualized Family | Constructed |
| FAMRFPYR | Reference Person of Annualized Family | Constructed |
| FCSZ1231 | Fam Size Responding 12/31 CPS Family | Constructed |
| FCRP1231 | Ref Person Of 12/31 CPS Family | Constructed |
| INRU1231 | Person Was In RU On 12/31/96 | Constructed |
| INSC1231 | In-scope Status on 12/31/96 | Constructed |
| REGION1 | Census Region - R1 | Assigned in Sampling |
| REGION2 | Census Region - R2 | Assigned in Sampling |
| REGION3 | Census Region - R3 | Assigned in Sampling |
| REGION96 | Census Region As Of Dec 31 | Assigned in Sampling |
| MSA3 | MSA - R3 | Assigned in Sampling |
| MSA96 | MSA As Of Dec 31 | Assigned in Sampling |
| REFPERS1 | Reference Person At Round 1 | RE 42-45 |
| REFPERS2 | Reference Person At Round 2 | RE 42-45 |
| REFPRS96 | Reference Person As Of Dec 31 | RE 42-45 |
| RESP1 | 1st Respondent Indicator For Rnd 1 | RE 6, 8 |
| RESP2 | 1st Respondent Indicator For Rnd 2 | RE 6, 8 |
| RESP96 | 1st Respondent Indicator As Of 12/31/96 | RE 6, 8 |
| PROXY1 | Was Respondent A Proxy In R1 | RE 2 |
| PROXY2 | Was Respondent A Proxy In R2 | RE 2 |
| PROXY96 | Was Respondent A Proxy As Of 12/31/96 | RE 2 |
| BEGREFD1 | R1 Reference Period Begin Date: Day | CAPI Derived |
| BEGREFM1 | R1 Reference Period Begin Date: Month | CAPI Derived |

| VARIABLE | DESCRIPTION | SOURCE |
|----------|-------------|--------|
| BEGREFY1 | R1 Reference Period Begin Date: Year | CAPI Derived |
| ENDREFD1 | Reference Period End Date: Day - R1 | CAPI Derived |
| ENDREFM1 | Reference Period End Date: Month – R1 | CAPI Derived |
| ENDREFY1 | Reference Period End Date: Year - R1 | CAPI Derived |
| BEGREFD2 | R2 Reference Period Begin Date: Day | CAPI Derived |
| BEGREFM2 | R2 Reference Period Begin Date: Month | CAPI Derived |
| BEGREFY2 | R2 Reference Period Begin Date: Year | CAPI Derived |
| ENDREFD2 | Reference Period End Date: Day - R2 | CAPI Derived |
| ENDREFM2 | Reference Period End Date: Month – R2 | CAPI Derived |
| ENDREFY2 | Reference Period End Date: Year - R2 | CAPI Derived |
| BEGREFD3 | R3 Reference Period Begin Date: Day | CAPI Derived |
| BEGREFM3 | R3 Reference Period Begin Date: Month | CAPI Derived |
| BEGREFY3 | R3 Reference Period Begin Date: Year | CAPI Derived |
| ENDRFD96 | 1996 Reference Period End Date: Day | RE Section |
| ENDRFM96 | 1996 Reference Period End Date: Month | RE Section |
| ENDRFY96 | 1996 Reference Period End Date: Year | RE Section |
| KEYNESS | Person Key Status | RE Section |
| INSCOPE1 | Inscope - R1 | RE Section |
| INSCOPE2 | Inscope - R2 | RE Section |
| INSCOP96 | Inscope - R3 Start Through 12/31/96 | RE Section |
| INSCOPE | Was Person Ever Inscope In 1996 | RE Section |
| ELIGRND1 | Eligibility - R1 | RE Section |
| ELIGRND2 | Eligibility - R2 | RE Section |
| ELGRND96 | Eligibility - R3 Start Through 12/31/96 | RE Section |
| ELIGIBLE | Was Person Ever Eligible In 1996 | RE Section |
| PSTATUS1 | Person Disposition Status - R1 | RE Section |
| PSTATUS2 | Person Disposition Status - R2 | RE Section |
| PSTATUS3 | Person Disposition Status - R3 | RE Section |
| RURSLT1 | RU Result - R1 | Assigned by CAPI |
| RURSLT2 | RU Result - R2 | Assigned by CAPI |
| RURSLT3 | RU Result - R3 | Assigned by CAPI |

# DEMOGRAPHIC VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| AGE1X | Age - RD1 (Edited/Imputed) | RE 12, 57-66 |
| AGE2X | Age - RD2 (Edited/Imputed) | RE 12, 57-66 |
| AGE96X | Age - 12/31/96 (Edited/Imputed) | RE 12, 57-66 |
| DOBMM | Date of Birth:  Month | RE 12, 57-66 |
| DOBYY | Date of Birth:  Year | RE 12, 57-66 |
| SEX | Sex | RE 12, 57, 61 |
| RACEX | Race (Edited/Imputed) | RE 101, 102 |
| RACETHNX | Race/Ethnicity (Edited/Imputed) | RE 98-102 |
| HISPANX | Hispanic Ethnicity (Edited/Imputed) | RE 98-100 |
| HISPCAT | Specific Hispanic Ethnicity Group | RE 98-100 |
| MARRY1X | Marital Status - RD1 (Edited/Imputed) | RE 13, 97 |
| MARRY2X | Marital Status - RD2 (Edited/Imputed) | RE 13, 97 |
| MARRY96X | Marital Status - 12/31/96 (Edited/Imputed) | RE 13, 97 |
| SPOUSID1 | Spouse ID - RD1 | RE 13, 97 |
| SPOUSID2 | Spouse ID - RD2 | RE 13, 97 |
| SPOUID96 | Spouse ID - 12/31/96 | RE 13, 97 |
| SPOUSIN1 | Marital Status W/ Spouse Present - RD1 | RE 13, 97 |
| SPOUSIN2 | Marital Status W/ Spouse Present - RD2 | RE 13, 97 |
| SPOUIN96 | Marital Status W/Spouse Present - 12/31/96 | RE 13, 97 |
| EDUCYR1 | Completed Years of Education - RD1 | RE 103-105 |
| EDUCYR2 | Completed Years of Education - RD2 | RE 103-105 |
| EDUCYR96 | Completed Years of Education - 12/31/96 | RE 103-105 |
| HIGHDEG1 | Highest Degree - RD1 | RE 103-105 |
| HIGHDEG2 | Highest Degree - RD2 | RE 103-105 |
| HIDEG96 | Highest Degree - 12/31/96 | RE 103-105 |
| FTSTUD1X | Student Status If Ages 17-23 - Round 1 | RE 11A, 106-108 |
| FTSTUD2X | Student Status If Ages 17-23 - Round 2 | RE 11A, 106-108 |
| FTSTU96X | Student Status If Ages 17-23 - 12/31/96 | RE 11A, 106-108 |
| ACTDUTY1 | Military Full-Time Active Duty - RD1 | RE14, 96A |
| ACTDUTY2 | Military Full-Time Active Duty - RD2 | RE 14, 96B1 |
| DIDSERVE | Ever Served In Armed Forces | RE 18, 95 |
| VETPVIET | Served In Post-Vietnam Era | RE 96 |
| VETVIET | Served In Vietnam War Era | RE 96 |
| VETKOR | Served In Korean War Era | RE 96 |
| VETWW | Served In WWI Or WW2 Era | RE 96 |
| VETOTH | Served In Other Period | RE 96 |
| REFREL1X | Relation To Ref Pers - RD 1 (Edited/Imputed) | RE 76-77 |
| REFREL2X | Relation To Ref Pers - RD 2 (Edited/Imputed) | RE 76-77 |
| RFREL96X | Relation To Ref Pers 12/31/96 (Edit/Imp) | RE 76-77 |
| MOMPID1X | PID Of Person's Mom (Edited/Imputed) - RD1 | RE 76-77 |
| DADPID1X | PID Of Person's Dad (Edited/Imputed) - RD 1 | RE 76-77 |
| MOMPID2X | PID Of Person's Mom (Edited/Imputed) - RD2 | RE 76-77 |
| DADPID2X | PID Of Person's Dad (Edited/Imputed) - RD 2 | RE 76-77 |

# INCOME VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|----------|-------------|--------|
| SSIDISAB | SSI Receipt Due to Disability | IN 39 |
| AFDC | Did Pres's Check Include AFDC or ADC | IN 44 |
| FILEDITR | Has Person Filed a Fed Income Tax Return | IN 2 |
| WILLFILE | Will Person File Fed Income Tax Return | IN 3 |
| FILESTAT | Person's Filing Status | IN 4 |
| FILER | Primary or Secondary Filer | IN 4 |
| JNTINRU | Joint Filer's Membership in ru | IN 5 |
| JOINTPID | Pid of Secondary Filer | IN 5 |
| CLAIMDEP | Did/will Pers Claim Dependents on Return | IN 6 |
| DEPENDNT | Person Is Flagged a Dependant | IN 7 |
| DEPINRU | Dependents In/out of RU | IN 7 |
| DEPOUTSD | How Many Dependents Live Outside RU | IN 8 |
| TAXFORM | Tax Form Person Will File | IN 9 |
| DEDUCTNS | Itemize or Standard Deduction | IN 10 |
| ITMEDEXP | Will Person Itemize Medical Expense | IN 11 |
| MDEXPAMT | Total Amount for Medical Expenses | IN 12 |
| NETMDDED | Person's Net Medical Expense Deduction | IN 13 |
| TOTDED | Total of All Itemized Deductions | IN 14 |
| CLMHIP | Did/will Pers Deduct Hlth Insur Prem | IN 15 |
| ELDISCR | Did/will Pers Receive Elderly/disab Cred | IN 16 |
| EICREDIT | Did/will Pers Receive Earned Inc Credit | IN 17 |
| UNEMTAX | Taxable Percentage of Unemployment | IN 30 |
| INTRTAX | Taxable Percentage of Interest | IN 19 |
| SSECTAX | Taxable Percentage of Social Security | IN 31 |
| IRASTAX | Taxable Percentage of IRA Income | IN 25 |
| FOODSTMP | Did Anyone Purchase Food Stamps | IN 55 |
| FOODMNTH | Number of Food Stamps Purchased | IN 56 |
| FOODCOST | Amount Family Paid for Food Stamps | IN 57 |
| FOODVALU | Monthly Value of Food Stamps | IN 58 |
| TTLPNX | Person's Total Income | Constructed |
| POVCAT | Family Income as Percent of Poverty Line | Constructed |
| WAGEPNX | Person's Wage Income | Constructed |
| WAGEIMP | WAGEPN Imputation Flag | Constructed |
| BUSNPNX | Person's Business Income | Constructed |
| BUSNIMP | BUSNPN Imputation Flag | Constructed |
| FARMPNX | Person's Farm Income | Constructed |
| FARMIMP | FARMPN Imputation Flag | Constructed |
| INTRPNX | Person's Interest Income | Constructed |
| INTRIMP | INTRPN Imputation Flag | Constructed |
| DIVDPNX | Person's Dividend Income | Constructed |
| DIVDIMP | DIVDPN Imputation Flag | Constructed |
| ALIMPNX | Person's Alimony Income | Constructed |
| ALIMIMP | ALIMPN Imputation Flag | Constructed |
| TRSTPNX | Person's Trust/rent Income | Constructed |
| TRSTIMP | TRSTPN Imputation Flag | Constructed |
| PENSPNX | Person's Pension Income | Constructed |
| PENSIMP | PENSPN Imputation Flag | Constructed |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| IRASPNX | Person's IRA Income | Constructed |
| IRASIMP | IRASPN Imputation Flag | Constructed |
| SSECPNX | Person's Social Security Income | Constructed |
| SSECIMP | SSECPN Imputation Flag | Constructed |
| UNEMPNX | Person's Unemployment Comp Income | Constructed |
| UNEMIMP | UNEMPN Imputation Flag | Constructed |
| WCMPPNX | Person's Workman's Compensation | Constructed |
| WCMPIMP | WCMPPN Imputation Flag | Constructed |
| VETSPNX | Person's Veteran's Income | Constructed |
| VETSIMP | VETSPN Imputation Flag | Constructed |
| CASHPNX | Person's Other Regular Cash Contrib | Constructed |
| CASHIMP | CASHPN Imputation Flag | Constructed |
| OTHRPNX | Person's Other Income | Constructed |
| OTHRIMP | OTHRPN Imputation Flag | Constructed |
| CHLDPNX | Person's Child Support | Constructed |
| CHLDIMP | Chldpn Imputation Flag | Constructed |
| PUBPNX | Person's Public Assistance | Constructed |
| PUBIMP | PUBPN Imputation Flag | Constructed |
| SSIPNX | Person's SSI | Constructed |
| SSIIMP | SSIPN Imputation Flag | Constructed |
| SALEPNX | Person's Sales Income | Constructed |
| SALEIMP | SALEPN Imputation Flag | Constructed |
| REFDPNX | Person's Refund Income | Constructed |
| REFDIMP | REFDPN Imputation Flag | Constructed |

# EMPLOYMENT VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| EMST1 | Employment Status RD1 | EM 1-3 |
| EMPST2 | Employment Status RD 2 | EM 1-3; RJ 1,6 |
| EMPST96 | Employment Status December 31, 1996 | EM 1-3; RJ 1, 6; Constructed |
| NWK1 | Reason Not Working RD 1 | EM1-3,101-102,126-127,132-133,138-139,141,141.0V |
| NWK2 | Reason Not Working RD2 | EM1-3,101-102,126-127,132-133,138-139,141,141.0V;RJ01,10 |
| NWK96 | Reason Not Working on !2/31/96 | EM1-3,101-102,126-127,132-133,138-139,141,141.0V;RJ01,10 |
| SELFCM1 | Self-Employed RD 1 CM Job | EM 1-3, 51 |
| SELFCM2 | Self-Employed RD 2 CM Job | EM 1-3, 51; RJ 01 |
| SELFCM96 | Self-Employed 12/31/96 CM Job | EM 1-3, 51; RJ 01 |
| PAYDR1 | Paid Leave to Visit DR RD 1 CM Job | EM 1-3, 51, 107-108 |
| PAYDR2 | Paid Leave to Visit DR RD 2 CM Job | EM 1-3, 51, 107-108; RJ 1 |
| PAYDR96 | Paid Leave to Visit DR 12/31/96 CM J | EM 1-3, 51, 107-108;RJ01,02 |
| SICPAY1 | Paid Sick Leave RD 1 CM Job | EM 1-3, 51, 107 |
| SICPAY2 | Paid Sick Leave RD 2 CM Job | EM 1-3, 51, 107; RJ 1 |
| SICPAY96 | Paid Sick Leave 12/31/96 CM Job | EM 1-3, 51, 107; RJ01, 02 |
| PAYVAC1 | Paid Vacation at RD 1 CM Job | EM 1-3, 51, 109 |
| PAYVAC2 | Paid Vacation at RD 2 CM Job | EM 1-3, 51, 109; RJ 1 |
| PAYVAC96 | Paid Vacation at 12/31/96 CM Job | EM 1-3, 51, 109; RJ01, 02 |
| RETPLN1 | Pension Plan RD 1 CM Job | EM 1-3, 51, 110 |
| RETPLN2 | Pension Plan RD 2 CM Job | EM 1-3, 51, 110; RJ 1 |
| RETPLN96 | Pension Plan 12/31/96 CM Job | EM 1-3, 51, 110; RJ01, 02 |
| MORE1 | RD 1 CM Job Firm Has More Than 1 Locat | EM 1-3, 51, 93 |
| MORE2 | RD 2 CM Job Firm Has More Than 1 Locat | EM 1-3, 51, 93; RJ 1 |
| MORE96 | 12/31/96 CM Job Firm Has More Than 1 Locat | EM 1-3, 51, 93; RJ 1 |
| JOBORG1 | Private (Profit, Nonprofit) Gov RD 1 CMJ | EM 1-3, 51, 96 |
| JOBORG2 | Private (Profit, Nonprofit) Gov RD 2 CMJ | EM 1-3, 51, 96; RJ 1 |
| JOBORG96 | Private (Profit, Nonprofit) Gov12/31/96 CMJ | EM 1-3, 51, 96; RJ01,02 |
| BSNTY1 | Sole Prop, Partner, Corp RD 1 CM Job | EM 1-3, 51, 94-95 |
| BSNTY2 | Sole Prop, Partner, Corp RD 2 CM Job | EM 1-3, 51, 94-95; RJ 1 |
| BSNTY96 | Sole Prop, Partner, Corp 12/31/96 CM J | EM 1-3, 51, 94-95; RJ01,02 |
| HRWG1X | Hourly Wage RD 1 CM Job | EW 5, 7, 11-13, 17-18, 24; EM 104, 111 |
| HRWGIM1 | HRWG1X Imputation Flag | Constructed. |
| HRHOW1 | How Hourly Wage Was Calculated R1 | EM 1-3, 51, 104, 111; EW 1-24 |

| VARIABLE | DESCRIPTION | SOURCE |
|----------|-------------|--------|
| HRWG2X | Hourly Wage RD 2 CM Job | EW 5, 7, 11-13, 17-18, 24; EM 104,111 |
| HRWGIM2 | HRWG2X Imputation Flag | Constructed |
| HRHOW2 | How Hourly Wage Was Calculated RD 2 | EM 1-3, 51, 104, 111; EW 1-24 |
| HRWG96X | Hourly Wage 12/31/96 CM Job | EW 5, 7, 11-13, 17-18, 24; EM 104, 111 |
| HRWGIM96 | HRWG96X Imputation Flag | Constructed. |
| HRHOW96 | How Hourly Wage Was Calculated R1 | EM 1-3, 51, 104, 111; EW 1-24 |
| HELD1X | Health Insurance Held From RD 1 CM Job | EM and HX Sections |
| HELD2X | Health Insurance Held from RD 2 CM Job | EM and HX Sections |
| HELD96X | Health Insurance Held From 12/31/96 CMJob | EM and HX Sections |
| OFFER1X | Health Insurance Offered from RD 1 CMJ | EM and HX Sections |
| OFFER2X | Health Insurance Offered from RD 2 CMJ | EM and HX Sections |
| OFFER96X | Health Insurance Offered at 12/31/96 CMJob | EM and HX Sections |
| CHOIC1 | Choice of Health Plans from RD 1 CM Job | EM 1-3, 51, 96, 113-115, 124 |
| CHOIC2 | Choice of Health Plans from RD 2 CM Job | EM 1-3, 51, 96, 113-115, 124; RJ 8 |
| CHOIC96 | Choice of Health Plans from 12/31/96 CM J | EM 1-3, 51, 96, 113-115, 124; RJ8 |
| DISVW1X | Disavowed Health Insurance at RD 1 CMJob | EM and HX Sections |
| DISVW2X | Disavowed Health Insurance at RD 2 CMJob | EM and HX Sections |
| DISVW96X | Disavowed Health Insurance at 12/3196 CMJ | EM and HX Sections |
| HOUR1 | Hours Per Week RD 1 CM Job | EM 1-3, 51, 104-105, 111; EW 17 |
| HOUR2 | Hours Per Week RD 2 CM Job | EM 1-3, 51, 104, 105, 111; EW 17; RJ 1 |
| HOUR96 | Hours Per Week 12/31/96 CM Job | EM 1-3, 51, 104, 105, 111; EW 17; RJ 1 |
| NUMEMP1 | Est Size RD 1 CM Job | EM 91-92, 124 |
| NUMEMP2 | Est Size RD 2 CM Job | EM 91-92, 124; RJ 1 |
| NUMEMP96 | Est Size at 12/31/96 CM Job | EM 91-92, 124; RJ1 |
| CIND1 | Condensed Industry Code RD 1 CM Job | EM 97-100; RJ 1; Constructed |
| CIND2 | Condensed Industry Code RD 2 CM Job | EM 97-100; RJ 1; Constructed |
| CIND96 | Condensed Industry Code at 12/31/96 CMJ | EM 97-100; RJ 1; Constructed |
| COCCP1 | Condensed Occupation Code Rd 1 CM Job | EM99,EM100; Constructed |
| COCCP2 | Condensed Occupation Code Rd 2 CM Job | EM99,EM100; Constructed |
| COCCP96 | Condensed Occupation Code at 12/31/96 CMJ | EM99,EM100; Constructed |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| UNION1 | Union Status at RD 1 CM Job | EM 1-3, 51, 96, 116 |
| UNION2 | Union Status at RD 2 CM Job | EM 1-3, 51, 96, 116; RJ 1 |
| UNION96 | Union Status at 12/31/96 CM Job | EM 1-3, 51, 96, 116; RJ 1 |
| SHFTWK1 | Irregular Work Shift RD 1 CMJ | EM 1-3, 51, 105, 111 |
| SHFTWK2 | Irregular Work Shift RD 2 CMJ | EM 1-3, 51, 105, 111; RJ 1 |
| SHFTWK96 | Irregular Work Shift12/31/96 CMJ | EM 1-3, 51, 105, 111; RJ01,02 |
| BGNWK1 | Usual Start Time of RD1 CM Job | EM105,105A, 105A0V |
| BGNWK2 | Usual Start Time of RD 2 CM Job | EM105,105A, 105A0V; RJ01,02 |
| BGNWK96 | Usual Start Time of 12/31/96 CM Job | EM105,105A, 105A0V; R01,02 |
| ENDWK1 | Usual End Time of RD 1 CM Job | EM105,105A, 105A0V |
| ENDWK2 | Usual End Time of RD 2 CM Job | EM105,105A, 105A0V; RJ01, 02 |
| ENDWK96 | Usual End Time of 12/31/96 CM Job | EM105,105A, 105A0V; RJ01,02 |
| STJBMM1 | Month Started RD1 CM Job | EM10,10.0V,10.0V2 |
| STJBDD1 | Day Started RD1 CM Job | EM10, 10.0V,10.0V2 |
| STJBYY1 | Year Started RD1 CM Job | EM10,10.0V,10.0V2 |
| STJBMM2 | Month Started RD2 CM Job | EM10,10.0V,10.0V2;RJ01,01A |
| STJBDD2 | Day Started RD2 CM Job | EM10, 10.0V,10.0V2;RJ01,01A |
| STJBYY2 | Year Started RD2 CM Job | EM10,10.0V,10.0V2;RJ01,01A |
| STJBMM96 | Month Started 12/31/96 CM Job | EM10,10.0V,10.0V2;RJ01,01A |
| STJBDD96 | Day Started 12/31/96 CM Job | EM10, 10.0V,10.0V2;RJ01,01A |
| STJBYY96 | Year Started 12/31/96 CM Job | EM10,10.0V,10.0V2;RJ01,01A |
| EVRET96 | Ever Retired as of 12/31/96 | EM1-3,101-102,126-127,132-133,138-139,141,141.0V;RJ01,10 |
| EVRWRK | Ever Worked for Pay as of 12/31/96 | EM 1-4, 51; RJ 1,6; Constructed |
| MORJOB1 | Has More Than One Job RD 1 | EM 1-4, 51 |
| MORJOB2 | Has More Than One Job RD 2 | EM 1-4, 51; RJ 1,6 |
| MORJOB96 | Has More Than One Job on December 31, 1996 | EM 1-4, 51; RJ 1,6; Constructed |
| CHNGJ12 | Changed RD 1 CMJ in RD 2 | RJ01,01A |
| CHNGJ231 | Changed Rd 2 CMJ by 12/31/96 | RJ01,01A |
| YCHJB12 | Why Changed R1 CMJ in RD 2 | RJ10, 10.0V |
| YCHJB231 | Why Changed RD2 CMJ by 12/31/96 | RJ09,10,10.0V |

# HEALTH INSURANCE VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| CHMPNOW1 | PID Cov By CHAMPUS/VA - RD 1 Int Date | RE 14, 96A; HX 13; HQ 1-2; HX 12 (RU Level) |
| MCAID1 | PID Covered By MEDICAID - RD 1 | HX 10, 11 (RU level) |
| MCAID1X | PID Covered By MEDICAID - RD 1 (Edited) | HX 11,15,18-19, 41-43, 45<br><br>HX 10,14,16 (RU Level) |
| OTPUBA1 | PID Cov By/Pays Oth Gov MCAID HMO - RD 1 | HX 15, 41-43, 45<br><br>14 (RU Level) |
| OTPUBB1 | PID Cov By Oth Pub Not MCAID HMO - RD 1 | HX 15, 41-43, 14(RU level) |
| STATPRG1 | PID Cov Frm State-Specific Prog - RD 1 | HX 17, 19, 16(RU level) |
| PUBLIC1 | PID Cov Frm Public Ins Plan - RD 1 | M C A I D 1 X , M C A R N W 1 X , C H M P N O W 1 , OTPUBA1, OTPUBB1 |
| OTGOVPY1 | Any Govt Pays Part MCAID HMO Prem - RD 1 | HX 41-43, 47 |
| MCARNOW1 | PID Cov By MEDICARE - RD 1 Int Date | HX 6-7 |
| MCARNW1X | PID Cov By MEDICARE - RD 1 Int Date (Edited) | HX 7, 9, 11, 15 (PRIV1 and HX48);<br><br>HX 6, 10, 14 (RU level) |
| PRIV1 | PID Has Priv Hlth Ins Coverage - RD 1 | PRIVOG1, PRIVDK1, PRIVEG1, PRIVU1, PRIVS1, PRIVOUT1,<br><br>PRIVNG1 |
| PRIVEG1 | PID Has Cov Frm Emp Group Plan - RD 1 | HX 2, 23, 48; HP 9, 11, 15, 16; HELDCM1X (PUF 1), HELDNM1X (PUF 1),<br><br>EM 117 |
| PRIVU1 | PID Has Cov From Union Group Plan - RD 1 | HX 2, 3, 23, 48; HP 9, 11, 15, 16; HELDCM1X (PUF 1), HELDNM1X (PUF 1),<br><br>EM 117 |

| VARIABLE | DESCRIPTION | SOURCE |
|----------|-------------|--------|
| PRIVS1 | PID Has Cov Frm Self-Emp Plan - RD 1 | HX 3, 48; EM 17-18, 26-27, 39-40, 52, 53, 69, 70, 81, 82, 91-92; HP 9, 15-16 |
| PRIVOG1 | PID Has Cov Frm Oth Group Plan - RD 1 | HX 23, 48; HP 1, 2, 11, 15-16 |
| PRIVNG1 | PID Has Cov Frm Nongroup Plan - RD 1 | HX 23, 48; HP 11, 15-16 |
| PRGVPYA1 | Non-Emp Priv Cov Feds Pay Part - RD 1 | HX 23, 48, 61,63; HP11 |
| PRGVPYB1 | Non-Emp Priv Cov Oth Gov Pays Part - RD 1 | HX 23, 48, 61,63; HP11 |
| PRIVDK1 | PID Has Cov Frm Priv DK Plan - RD 1 | HX 23, 48; HP 11, 15-16 |
| PRIVOUT1 | PID Has Cov Frm Holder Outside RU - RD 1 | HX 23, 48; HP 15-16 |
| HPRIV1 | PID Is Holder Of Priv Ins Plan - RD 1 | HPRIVEG1, HPRIVS1, HPRIVU1, HPRIVOG1, HPRIVNG1, HRPIVDK1 |
| HPRIVEG1 | PID Is Holder Of Emp Group Plan - RD 1 | PRIVEG1; HP 9, 11 |
| HPRIVU1 | PID Is Holder of Union Grp Plan - RD 1 | PRIVU1; HP 9, 11 |
| HPRIVS1 | PID Is Holder Of Self-Emp Ins - RD 1 | PRIVS1; HP 9 |
| HPRIVOG1 | PID Is Holder Of Oth Group Plan - RD 1 | PRIVOG1; HP 11 |
| HPRIVNG1 | PID Is Holder Of Nongroup Plan - RD 1 | PRIVNG1; HP11 |
| HPRIVDK1 | PID Is Holder Of Priv DK Plan - RD 1 | PRIVDK1; HP 11 |
| UPRHMO1 | Updated: PID Enrolled in Prv HMO - RD 1 | HX03, HX23, HX49_02.TYPE, HX51_02.TYPE, HX54_02.TYPE, MC01 |
| UPRMNC1 | Updated: PID Enrolled in Prv Mnged Care - RD 1 | MC02 |
| UPUBHMO1 | Updated: PID Enrolled in Public HMO - RD 1 | HX41, HX42 |
| UPUBMNC1 | Updated: PID Enrolled in Public Mnged Care - RD 1 | HX43 |
| MCRHMO1 | PID Enrolled in Medicare HMO - RD 1 | HX31, HX32, HX32A |
| INSURED1 | PID Is Insured - RD 1 | PUBLIC1, PRIV1 |
| CHJA96X | Covered By Champus/Champva In Jan96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, and age at interview date |
| CHFE96X | Covered By Champus/Champva In Feb96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, and age at interview date |

| VARIABLE | DESCRIPTION | SOURCE |
|----------|-------------|--------|
| CHMA96X | Covered By Champus/Champva In Mar96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, 96B1, and age at interview date |
| CHAP96X | Covered By Champus/Champva In Apr96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, 96B1, and age at interview date |
| CHMY96X | Covered By Champus/Champva In May96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, 96B1, and age at interview date |
| CHJU96X | Covered By Champus/Champva In Jun96  (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, 96B1, and age at interview date |
| CHJL96X | Covered By Champus/Champva In Jul96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96A, 96B1, and age at interview date |
| CHAU96X | Covered By Champus/Champva In Aug96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96B1, and age at interview date |
| CHSE96X | Covered By Champus/Champva In Sep96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96B1, and age at interview date |
| CHOC96X | Covered By Champus/Champva In Oct96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96B1, and age at interview date |
| CHNO96X | Covered By Champus/Champva In Nov96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96B1, and age at interview date |
| CHDE96X | Covered By Champus/Champva In Dec96 (Ed) | HX12, 13, PR19-22, HQ Section, RE14, 96B1, and age at interview date |
| MCRJA96 | Covered By Medicare In Jan96 | HX05-07, 27, 29, 29OV |
| MCRFE96 | Covered By Medicare In Feb96 | HX05-07, 27, 29, 29OV |
| MCRMA96 | Covered By Medicare In Mar96 | HX05-07, 27, 29, 29OV |
| MCRAP96 | Covered By Medicare In Apr96 | HX05-07, 27, 29, 29OV |
| MCRMY96 | Covered By Medicare In May96 | HX05-07, 27, 29, 29OV |
| MCRJU96 | Covered By Medicare In Jun96 | HX05-07, 27, 29, 29OV |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| MCRJL96 | Covered By Medicare In Jul96 | HX05-07, 27, 29, 29OV |
| MCRAU96 | Covered By Medicare In Aug96 | HX05-07, 27, 29, 29OV |
| MCRSE96 | Covered By Medicare In Sept96 | HX05-07, 27, 29, 29OV |
| MCROC96 | Covered By Medicare In Oct96 | HX05-07, 27, 29, 29OV |
| MCRNO96 | Covered By Medicare In Nov96 | HX05-07, 27, 29, 29OV |
| MCRDE96 | Covered By Medicare In Dec96 | HX05-07, 27, 29, 29OV |
| MCRJA96X | Covered By Medicare In Jan96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRFE96X | Covered By Medicare In Feb96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRMA96X | Covered By Medicare In Mar96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRAP96X | Covered By Medicare In Apr96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRMY96X | Covered By Medicare In May96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRJU96X | Covered By Medicare In Jun96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRJL96X | Covered By Medicare In Jul96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| MCRAU96X | Covered By Medicare In Aug96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRSE96X | Covered By Medicare In Spe96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCROC96X | Covered By Medicare In Oct96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRNO96X | Covered By Medicare In Nov96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCRDE96X | Covered By Medicare In Dec96 (Ed) | HX05-07, 27, 29, 29OV, see documentation, section 2.5.8, for additional edit specifications |
| MCDJA96 | Covered By Medicaid In Jan96 | HX10-11, PR07-10 and HQ Section |
| MCDFE96 | Covered By Medicaid In Feb96 | HX10-11, PR07-10 and HQ Section |
| MCDMA96 | Covered By Medicaid In Mar96 | HX10-11, PR07-10 and HQ Section |
| MCDAP96 | Covered By Medicaid In Apr96 | HX10-11, PR07-10 and HQ Section |
| MCDMY96 | Covered By Medicaid In May96 | HX10-11, PR07-10 and HQ Section |
| MCDJU96 | Covered By Medicaid In Jun96 | HX10-11, PR07-10 and HQ Section |
| MCDJL96 | Covered By Medicaid In Jul96 | HX10-11, PR07-10 and HQ Section |
| MCDAU96 | Covered By Medicaid In Aug96 | HX10-11, PR07-10 and HQ Section |
| MCDSE96 | Covered By Medicaid In Sept96 | HX10-11, PR07-10 and HQ Section |
| MCDOC96 | Covered By Medicaid In Oct96 | HX10-11, PR07-10 and HQ Section |
| MCDNO96 | Covered By Medicaid In Nov96 | HX10-11, PR07-10 and HQ Section |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| MCDDE96 | Covered By Medicaid In Dec96 | HX10-11, PR07-10 and HQ Section |
| MCDJA96X | Covered By Medicaid In Jan96 (Ed) | MCDJA96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDFE96X | Covered By Medicaid In Feb96 (Ed) | MCDFE96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDMA96X | Covered By Medicaid In Mar96 (Ed) | MCDMA96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDAP96X | Covered By Medicaid In Apr96  (Ed) | MCDAP96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDMY96X | Covered By Medicaid In May96 (Ed) | MCDMY96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDJU96X | Covered By Medicaid In Jun96 (Ed) | MCDJU96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDJL96X | Covered By Medicaid In Jul96 (Ed) | MCDJL96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDAU96X | Covered By Medicaid In Aug96 (Ed) | MCDAU96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDSE96X | Covered By Medicaid In Sep96 (Ed) | MCDSE96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDOC96X | Covered By Medicaid In Oct96 (Ed) | MCDOC96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDNO96X | Covered By Medicaid In Nov96 (Ed) | MCDNO96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| MCDDE96X | Covered By Medicaid In Dec96 (Ed) | MCDDE96, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42 |
| OPAJA96 | Cov By Other Public A Ins In Jan96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAFE96 | Cov By Other Public A Ins In Feb96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAMA96 | Cov By Other Public A Ins In Mar96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAAP96 | Cov By Other Public A Ins In Apr96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAMY96 | Cov By Other Public A Ins In May96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAJU96 | Cov By Other Public A Ins In Jun96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAJL96 | Cov By Other Public A Ins In Jul96 | HX14-15, 41-45, PR 23-32 and HQ Section |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| OPAAU96 | Cov By Other Public A Ins In Aug96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPASE96 | Cov By Other Public A Ins In Sep96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPAOC96 | Cov By Other Public A Ins In Oct96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPANO96 | Cov By Other Public A Ins In Nov96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPADE96 | Cov By Other Public A Ins In Dec96 | HX14-15, 41-45, PR 23-32 and HQ Section |
| OPBJA96 | Cov By Other Public B Ins In Jan96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBFE96 | Cov By Other Public B Ins In Feb96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBMA96 | Cov By Other Public B Ins In Mar96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBAP96 | Cov By Other Public B Ins In Apr96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBMY96 | Cov By Other Public B Ins In May96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBJU96 | Cov By Other Public B Ins In Jun96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBJL96 | Cov By Other Public B Ins In Jul96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBAU96 | Cov By Other Public B Ins In Aug96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBSE96 | Cov By Other Public B Ins In Sep96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBOC96 | Cov By Other Public B Ins In Oct96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBNO96 | Cov By Other Public B  Ins In Nov96 | HX14-15, 41-43, PR23-30 and HQ Section |
| OPBDE96 | Cov By Other Public B Ins In Dec96 | HX14-15, 41-43, PR23-30 and HQ Section |
| STAJA96 | Covered By Other State Prog In Jan96 | HX16-19, PR35-38 and HQ Section |
| STAFE96 | Covered By Other State Prog In Feb96 | HX16-19, PR35-38 and HQ Section |
| STAMA96 | Covered By Other State Prog In Mar96 | HX16-19, PR35-38 and HQ Section |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| STAAP96 | Covered By Other State Prog In Apr96 | HX16-19, PR35-38 and HQ Section |
| STAMY96 | Covered By Other State Prog In May96 | HX16-19, PR35-38 and HQ Section |
| STAJU96 | Covered By Other State Prog In Jun96 | HX16-19, PR35-38 and HQ Section |
| STAJL96 | Covered By Other State Prog In Jul96 | HX16-19, PR35-38 and HQ Section |
| STAAU96 | Covered By Other State Prog In Aug96 | HX16-19, PR35-38 and HQ Section |
| STASE96 | Covered By Other State Prog In Sep96 | HX16-19, PR35-38 and HQ Section |
| STAOC96 | Covered By Other State Prog In Oct96 | HX16-19, PR35-38 and HQ Section |
| STANO96 | Covered By Other State Prog In Nov96 | HX16-19, PR35-38 and HQ Section |
| STADE96 | Covered By Other State Prog In Dec96 | HX16-19, PR35-38 and HQ Section |
| PUBJA96X | Covrd By Any Public Ins In Jan96 (Ed) | CHJA96X, MCRJA96X, MCDJA96X, OPAJA96, OPBJA96 |
| PUBFE96X | Covrd By Any Public Ins In Feb96 (Ed) | CHFE96X, MCRFE96X, MCDFE96X, OPAFE96, OPBFE96 |
| PUBMA96X | Covrd By Any Public Ins In Mar96  (Ed) | CHMA96X MCRMA96X, MCDMA96X, OPAMA96, OPBMA96 |
| PUBAP96X | Covrd By Any Public Ins In Apr96 (Ed) | CHAP96X, MCRAP96X, MCDAP96X, OPAAP96, OPBAP96 |
| PUBMY96X | Covrd By Any Public Ins In May96 (Ed) | CHMY96X, MCRMY96X, MCDMY96X, OPAMY96, OPBMY96 |
| PUBJU96X | Covrd By Any Public Ins In Jun96 (Ed) | CHJU96X, MCRJU96X, MCDJU96X, OPAJU96, OPBJU96 |
| PUBJL96X | Covrd By Any Public Ins In Jul96 (Ed) | CHJL96X, MCRJL96X, MCDJL96X, OPAJL96, OPBJL96 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PUBAU96X | Covrd By Any Public Ins In Aug96 (Ed) | CHAU96X, MCRAUU6X, MCDAU96X, OPAAU96, OPBAU96 |
| PUBSE96X | Covrd By Any Public Ins In Sep96 (Ed) | CHSE96X, MCRSE96X, MCDSE96X, OPASE96, OPBSE96 |
| PUBOC96X | Covrd By Any Public Ins In Oct96 (Ed) | CHOC96X, MCROC96X, MCDOC96X, OPAOC96, OPBOC96 |
| PUBNO96X | Covrd By Any Public Ins In Nov96 (Ed) | CHNO96X, MCRNO96X, MCDNO96X, OPANO96, OPBNO96 |
| PUBDE96X | Covrd By Any Public Ins In Dec96 (Ed) | CHDE96X, MCRDE96X, MCDDE96X, OPADE96, OPBDE96 |
| PEGJA96 | Covered By Empl Union Ins In Jan96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGFE96 | Covered By Empl Union Ins In Feb96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGMA96 | Covered By Empl Union Ins In Mar96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGAP96 | Covered By Empl Union Ins In Apr96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGMY96 | Covered By Empl Union Ins In May96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGJU96 | Covered By Empl Union Ins In Jun96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGJL96 | Covered By Empl Union Ins In Jul96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGAU96 | Covered By Empl Union Ins In Aug96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGSE96 | Covered By Empl Union Ins In Sep96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PEGOC96 | Covered By Empl Union Ins In Oct96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGNO96 | Covered By Empl Union Ins In Nov96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PEGDE96 | Covered By Empl Union Ins In Dec96 | HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections |
| PDKJA96 | Covrd By Priv Ins (Source Unknwn) Jan96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKFE96 | Covrd By Priv Ins (Source Unknwn) Feb96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKMA96 | Covrd By Priv Ins (Source Unknwn) Mar96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKAP96 | Covrd By Priv Ins (Source Unknwn) Apr96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKMY96 | Covrd By Priv Ins (Source Unknwn) May96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKJU96 | Covrd By Priv Ins (Source Unknwn) Jun96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKJL96 | Covrd By Priv Ins (Source Unknwn) Jul96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKAU96 | Covrd By Priv Ins (Source Unknwn) Aug96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKSE96 | Covrd By Priv Ins (Source Unknwn) Sep96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKOC96 | Covrd By Priv Ins (Source Unknwn) Oct96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKNO96 | Covrd By Priv Ins (Source Unknwn) Nov96 | HX21-24, 48, HP, OE, and HQ Sections |
| PDKDE96 | Covrd By Priv Ins (Source Unknwn) Dec96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGJA96 | Covered By Nongroup Ins In Jan96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGFE96 | Covered By Nongroup Ins In Feb96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGMA96 | Covered By Nongroup Ins In Mar96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGAP96 | Covered By Nongroup Ins In Apr96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGMY96 | Covered By Nongroup Ins In May96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGJU96 | Covered By Nongroup Ins In Jun96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGJL96 | Covered By Nongroup Ins In Jul96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGAU96 | Covered By Nongroup Ins In Aug96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGSE96 | Covered By Nongroup Ins In Sep96 | HX21-24, 48, HP, OE, and HQ Sections |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PNGOC96 | Covered By Nongroup Ins In Oct96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGNO96 | Covered By Nongroup Ins In Nov96 | HX21-24, 48, HP, OE, and HQ Sections |
| PNGDE96 | Covered By Nongroup Ins In Dec96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGJA96 | Covered By Other Group Ins In Jan96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGFE96 | Covered By Other Group Ins In Feb96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGMA96 | Covered By Other Group Ins In Mar96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGAP96 | Covered By Other Group Ins In Apr96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGMY96 | Covered By Other Group Ins In May96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGJU96 | Covered By Other Group Ins In Jun96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGJL96 | Covered By Other Group Ins In Jul96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGAU96 | Covered By Other Group Ins In Aug96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGSE96 | Covered By Other Group Ins In Sep96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGOC96 | Covered By Other Group Ins In Oct96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGNO96 | Covered By Other Group Ins In Nov96 | HX21-24, 48, HP, OE, and HQ Sections |
| POGDE96 | Covered By Other Group Ins In Dec96 | HX21-24, 48, HP, OE, and HQ Sections |
| PRSJA96 | Covered By Self-Emp-1 Ins In Jan96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSFE96 | Covered By Self-Emp-1 Ins In Feb96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSMA96 | Covered By Self-Emp-1 Ins In Mar96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSAP96 | Covered By Self-Emp-1 Ins In Apr96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSMY96 | Covered By Self-Emp-1 Ins In May96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSJU96 | Covered By Self-Emp-1 Ins In Jun96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSJL96 | Covered By Self-Emp-1 Ins In Jul96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSAU96 | Covered By Self-Emp-1 Ins In Aug96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSSE96 | Covered By Self-Emp-1 Ins In Sep96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSOC96 | Covered By Self-Emp-1 Ins In Oct96 | HX3, 4, 48, HQ, OE, RJ and EM sections |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PRSNO96 | Covered By Self-Emp-1 Ins In Nov96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| PRSDE96 | Covered By Self-Emp-1 Ins In Dec96 | HX3, 4, 48, HQ, OE, RJ and EM sections |
| POUJA96 | Covered By Holder Outside Of Ru In Jan96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUFE96 | Covered By Holder Outside Of Ru In Feb96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUMA96 | Covered By Holder Outside Of Ru In Mar96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUAP96 | Covered By Holder Outside Of Ru In Apr96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUMY96 | Covered By Holder Outside Of Ru In May96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUJU96 | Covered By Holder Outside Of Ru In Jun96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUJL96 | Covered By Holder Outside Of Ru In Jul96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUAU96 | Covered By Holder Outside Of Ru In Aug96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUSE96 | Covered By Holder Outside Of Ru In Sep96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUOC96 | Covered By Holder Outside Of Ru In Oct96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUNO96 | Covered By Holder Outside Of Ru In Nov96 | HX21-24, 48, HP, OE, and HQ Sections |
| POUDE96 | Covered By Holder Outside Of Ru In Dec96 | HX21-24, 48, HP, OE, and HQ Sections |
| PRIJA96 | Covered By Private Ins In Jan96 | POGJA96, PDKJA96, PEGJA96, PRSJA96, POUJA96, PNGJA96 |
| PRIFE96 | Covered By Private Ins In Feb96 | POGFE96, PDKFE96, PEGFE96, PRSFE96, POUFE96, PNGFE96 |
| PRIMA96 | Covered By Private Ins In Mar96 | POGMA96, PDKMA96, PEGMA96, PRSMA96, POUMA96, PNGMA96 |
| PRIAP96 | Covered By Private Ins In Apr96 | POGAP96, PDKAP96, PEGAP96, PRSAP96, POUAP96, PNGAP96 |
| PRIMY96 | Covered By Private Ins In May96 | POGMY96, PDKMY96, PEGMY96, PRSMY96, POUMY96, PNGMY96 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PRIJU96 | Covered By Private Ins In Jun96 | POGJU96, PDKJU96, PEGJU96, PRSJU96, POUJU96, PNGJU96 |
| PRIJL96 | Covered By Private Ins In Jul96 | POGJL96, PDKJL96, PEGJL96, PRSJL96, POUJL96, PNGJL96 |
| PRIAU96 | Covered By Private Ins In Aug96 | POGAU96, PDKAU96, PEGAU96, PRSAU96, POUAU96, PNGAU96 |
| PRISE96 | Covered By Private Ins In Sep96 | POGSE96, PDKSE96, PEGSE96, PRSSE96, POUSE96, PNGSE96 |
| PRIOC96 | Covered By Private Ins In Oct96 | POGOC96, PDKOC96, PEGOC96, PRSOC96, POUOC96, PNGOC96 |
| PRINO96 | Covered By Private Ins In Nov96 | POGNO96, PDKNO96, PEGNO96, PRSNO96, POUNO96, PNGNO96 |
| PRIDE96 | Covered By Private Ins In Dec96 | POGDE96, PDKDE96, PEGDE96, PRSDE96, POUDE96, PNGDE96 |
| HPEJA96 | Holder Of Empl Union Ins In Jan96 | PEGJA96, HP9, 11 |
| HPEFE96 | Holder Of Empl Union Ins In Feb96 | PEGFE96, HP9, 11 |
| HPEMA96 | Holder Of Empl Union Ins In Mar96 | PEGMA96, HP9, 11 |
| HPEAP96 | Holder Of Empl Union Ins In Apr96 | PEGAP96, HP9, 11 |
| HPEMY96 | Holder Of Empl Union Ins In May96 | PEGMY96, HP9, 11 |
| HPEJU96 | Holder Of Empl Union Ins In Jun96 | PEGJU96, HP9, 11 |
| HPEJL96 | Holder Of Empl Union Ins In Jul96 | PEGJL96, HP9, 11 |
| HPEAU96 | Holder Of Empl Union Ins In Aug96 | PEGAU96, HP9, 11 |
| HPESE96 | Holder Of Empl Union Ins In Sep96 | PEGSE96, HP9, 11 |
| HPEOC96 | Holder Of Empl Union Ins In Oct96 | PEGOC96, HP9, 11 |
| HPENO96 | Holder Of Empl Union Ins In Nov96 | PEGNO96, HP9, 11 |
| HPEDE96 | Holder Of Empl Union Ins In Dec96 | PEGDE96, HP 9, 11 |
| HPDJA96 | Holder Of Priv Ins (Source Unknwn) Jan96 | PDKJA96; HP11 |
| HPDFE96 | Holder Of Priv Ins (Source Unknwn) Feb96 | PDKFE96; HP11 |
| HPDMA96 | Holder Of Priv Ins (Source Unknwn) Mar96 | PDKMA96; HP11 |
| HPDAP96 | Holder Of Priv Ins (Source Unknwn) Apr96 | PDKAP96; HP11 |
| HPDMY96 | Holder Of Priv Ins (Source Unknwn) May96 | PDKMY96; HP11 |
| HPDJU96 | Holder Of Priv Ins (Source Unknwn) Jun96 | PDKJU96; HP11 |
| HPDJL96 | Holder Of Priv Ins (Source Unknwn) Jul96 | PDKJL96; HP11 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| HPDAU96 | Holder Of Priv Ins (Source Unknwn) Aug96 | PDKAU96; HP11 |
| HPDSE96 | Holder Of Priv Ins (Source Unknwn) Sep96 | PDKSE96; HP11 |
| HPDOC96 | Holder Of Priv Ins (Source Unknwn) Oct96 | PDKOC96; HP11 |
| HPDNO96 | Holder Of Priv Ins (Source Unknwn) Nov96 | PDKNO96; HP11 |
| HPDDE96 | Holder Of Priv Ins (Source Unknwn) Dec96 | PDKDE96; HP11 |
| HPNJA96 | Holder Of Nongroup Ins In Jan96 | PNGJA96; HP11 |
| HPNFE96 | Holder Of Nongroup Ins In Feb96 | PNGFE96; HP11 |
| HPNMA96 | Holder Of Nongroup Ins In Mar96 | PNGMA96; HP11 |
| HPNAP96 | Holder Of Nongroup Ins In Apr96 | PNGAP96; HP11 |
| HPNMY96 | Holder Of Nongroup Ins In May96 | PNGMY96; HP11 |
| HPNJU96 | Holder Of Nongroup Ins In Jun96 | PNGJU96; HP11 |
| HPNJL96 | Holder Of Nongroup Ins In Jul96 | PNGJL96; HP11 |
| HPNAU96 | Holder Of Nongroup Ins In Aug96 | PNGAU96; HP11 |
| HPNSE96 | Holder Of Nongroup Ins In Sep96 | PNGSE96; HP11 |
| HPNOC96 | Holder Of Nongroup Ins In Oct96 | PNGOC96; HP11 |
| HPNNO96 | Holder Of Nongroup Ins In Nov96 | PNGNO96; HP11 |
| HPNDE96 | Holder Of Nongroup Ins In Dec96 | PNGDE96; HP11 |
| HPOJA96 | Holder Of Other Group Ins In Jan96 | POGJA96; HP11 |
| HPOFE96 | Holder Of Other Group Ins In Feb96 | POGFE96; HP11 |
| HPOMA96 | Holder Of Other Group Ins In Mar96 | POGMA96; HP11 |
| HPOAP96 | Holder Of Other Group Ins In Apr96 | POGAP96; HP11 |
| HPOMY96 | Holder Of Other Group Ins In May96 | POGMY96; HP11 |
| HPOJU96 | Holder Of Other Group Ins In Jun96 | POGJU96; HP11 |
| HPOJL96 | Holder Of Other Group Ins In Jul96 | POGJL96; HP11 |
| HPOAU96 | Holder Of Other Group Ins In Aug96 | POGAU96; HP11 |
| HPOSE96 | Holder Of Other Group Ins In Sep96 | POGSE96; HP11 |
| HPOOC96 | Holder Of Other Group Ins In Oct96 | POGOC96; HP11 |
| HPONO96 | Holder Of Other Group Ins In Nov96 | POGNO96; HP11 |
| HPODE96 | Holder Of Other Group Ins In Dec96 | POGDE96; HP11 |
| HPSJA96 | Holder Of Self-Emp-1 Ins In Jan96 | PRSJA96; HP9 |
| HPSFE96 | Holder Of Sefl-Emp-1 Ins In Feb96 | PRSFE96; HP9 |
| HPSMA96 | Holder Of Self-Emp-1 Ins In Mar96 | PRSMA96; HP9 |
| HPSAP96 | Holder Of Self-Emp-1 Ins In Apr96 | PRSAP96; HP9 |
| HPSMY96 | Holder Of Self-Emp-1 Ins In May96 | PRSMY96; HP9 |
| HPSJU96 | Holder Of Self-Emp-1 Ins In Jun96 | PRSJU96; HP9 |
| HPSJL96 | Holder Of Self-Emp-1 Ins In Jul96 | PRSJL96; HP9 |
| HPSAU96 | Holder Of Self-Emp-1 Ins In Aug96 | PRSAU96; HP9 |
| HPSSE96 | Holder Of Self-Emp-1 Ins In Sep96 | PRSSE96; HP9 |
| HPSOC96 | Holder Of Self-Emp-1 Ins In Oct96 | PRSOC96; HP9 |
| HPSNO96 | Holder Of Self-Emp-1 Ins In Nov96 | PRSNO96; HP9 |
| HPSDE96 | Holder Of Self-Emp-1 Ins In Dec96 | PRSDE96; HP9 |
| HPRJA96 | Holder Of Private Insurance In Jan96 | HPEJA97, HPSJA96, HPOJA96, HPNJA96, HRDJA96 |
| HPRFE96 | Holder Of Private Insurance In Feb96 | HPEFE97, HPSFE96, HPOFE96, HPNFE96, HRDFE96 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| HPRMA96 | Holder Of Private Insurance In Mar96 | HPEMA97, HPSMA96, HPOMA96, HPNMA96, HRDMA96 |
| HPRAP96 | Holder Of Private Insurance In Apr96 | HPEAP97, HPSAP96, HPOAP96, HPNAP96, HRDAP96 |
| HPRMY96 | Holder Of Private Insurance In May96 | HPEMY97, HPSMY96, HPOMY96, HPNMY96, HRDMY96 |
| HPRJU96 | Holder Of Private Insurance In Jun96 | HPEJU97, HPSJU96, HPOJU96, HPNJU96, HRDJU96 |
| HPRJL96 | Holder Of Private Insurance In Jul96 | HPEJL97, HPSJL96, HPOJL96, HPNJL96, HRDJL96 |
| HPRAU96 | Holder Of Private Insurance In Aug96 | HPEAU97, HPSAU96, HPOAU96, HPNAU96, HRDAU96 |
| HPRSE96 | Holder Of Private Insurance In Sep96 | HPESE97, HPSSE96, HPOSE96, HPNSE96, HRDSE96 |
| HPROC96 | Holder Of Private Insurance In Oct96 | HPEOC97, HPSOC96, HPOOC96, HPNOC96, HRDOC96 |
| HPRNO96 | Holder Of Private Insurance In Nov96 | HPENO97, HPSNO96, HPONO96, HPNNO96, HRDNO96 |
| HPRDE96 | Holder Of Private Insurance In Dec96 | HPEDE97, HPSDE96, HPODE96, HPNDE96, HRDDE96 |
| INSJA96X | Covrd By Hosp/Med Ins In Jan96 (Ed) | PUBJA96X, PRIJA96 |
| INSFE96X | Covrd By Hosp/Med Ins In Feb96 (Ed) | PUBFE96X, PRIFE96 |
| INSMA96X | Covrd By Hosp/Med Ins In Mar96 (Ed) | PUBMA96X, PRIMA96 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| INSAP96X | Covrd By Hosp/Med Ins In Apr96 (Ed) | PUBAP96X, PRIAP96 |
| INSMY96X | Covrd By Hosp/Med Ins In May96 (Ed) | PUBMY96X, PRIMY96 |
| INSJU96X | Covrd By Hosp/Med Ins In Jun96 (Ed) | PUBJU96X, PRIJU96 |
| INSJL96X | Covrd By Hosp/Med Ins In Jul96 (Ed) | PUBJL96X, PRIJL96 |
| INSAU96X | Covrd By Hosp/Med Ins In Aug96 (Ed) | PUBAU96X, PRIAU96 |
| INSSE96X | Covrd By Hosp/Med Ins In Sep96 (Ed) | PUBSE96X, PRISE96 |
| INSOC96X | Covrd By Hosp/Med Ins In Oct96 (Ed) | PUBOC96X, PRIOC96 |
| INSNO96X | Covrd By Hosp/Med Ins In Nov96 (Ed) | PUBNO96X, PRINO96 |
| INSDE96X | Covrd By Hosp/Med Ins In Dec96 (Ed) | PUBDE96X, PRIDE96 |
| PRVEVER | Ever have private insurance during 96 | Constructed |
| CHPEVER | Ever have CHAMPUS/CHAMPVA during 96 | Constructed |
| MCDEVER | Ever have Medicaid during 96 | Constructed |
| MCREVER | Ever have Medicare during 96 | Constructed |
| OPAEVER | Ever have other public A during 96 | Constructed |
| OPBEVER | Ever have other public B during 96 | Constructed |
| UNINSURD | Uninsured all of 96 | Constructed |
| INSCOV96 | Health Insurance Coverage Indicator 96 | Constructed |

# PREGNANCY VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| PREGRD1 | Any Pregnancy Rd 1 | Constructed |
| PREGRD2 | Any Pregnancy Rd 2 | Constructed |
| PREGRD3 | Any Pregnancy Rd 3 | Constructed |
| NOWPREG1 | Pregnant at Time of Interview Rd 1 | Constructed |
| NOWPREG2 | Pregnant at Time of Interview Rd 2 | Constructed |
| NOWPREG3 | Pregnant at Time of Interview Rd 3 | Constructed |
| LIVEBIR1 | Live Birth Rd 1 | Constructed |
| LIVEBIR2 | Live Birth Rd 2 | Constructed |
| LIVEBIR3 | Live Birth Rd 3 | Constructed |
| NUMPRG13 | Number of Pregnancies Rds 1-3 | Constructed |
| PREG96 | Pregnant Anytime 1996 | Constructed |
| BIRTH96 | Any Live Birth 1996 | Constructed |

## DISABILITY DAYS VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| DDNOWRK1 | Health problem causes work loss (R1) | DD 02 |
| DDNOWRK2 | Health problem causes work loss (R2) | DD 02 |
| DDNOWRK3 | Health problem causes work loss (R3) | DD 02 |
| WRKINBD1 | ½ or more of workloss day spent in bed (R1) | DD 04 |
| WRKINBD2 | ½ or more of workloss day spent in bed (R2) | DD 04 |
| WRKINBD3 | ½ or more of workloss day spent in bed (R3) | DD 04 |
| DDNSCHL1 | Health problem causes school loss day (R1) | DD 05 |
| DDNSCHL2 | Health problem causes school loss day (R2) | DD 05 |
| DDNSCHL3 | Health problem causes school loss day (R3) | DD 05 |
| SCLINBD1 | ½ or more of school loss day spent in bed (R1) | DD 07 |
| SCLINBD2 | ½ or more of school loss day spent in bed (R2) | DD 07 |
| SCLINBD3 | ½ or more of school loss day spent in bed (R3) | DD 07 |
| DDBEDYS1 | Bed days other than work or school loss days (R1) | DD 08 |
| DDBEDYS2 | Bed days other than work or school loss days (R2) | DD 08 |
| DDBEDYS3 | Bed days other than work or school loss days (R3) | DD 08 |
| OTHRDYS1 | Work loss days because of other's health (R1) | DD 10 |
| OTHRDYS2 | Work loss days because of other's health (R2) | DD 10 |
| OTHRDYS3 | Work loss days because of other's health (R3) | DD 10 |
| OTHNMDD1 | Number work loss days for other's health (R1) | DD 11 |
| OTHNMDD2 | Number work loss days for other's health (R2) | DD 11 |
| OTHNMDD3 | Number work loss days for other's health (R3) | DD 11 |

**MEPS HC-012**

# ACCESS TO CARE VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| ACCELIG2 | Pers Eligible for Access Supplement-R2 | Constructed |
| HAVEUSC2 | Does Person Have a Usc Provider?-R2 | AC01 |
| YNOUSC2 | Main Reason Pers Doesn't Have a Usc-R2 | AC03 |
| NOREAS42 | Oth Reas No Usc: No Oth Reas (Ac04)-R2 | AC04 |
| SELDSIC2 | Oth Reas No Usc: Seldom/never Sick-R2 | AC04 |
| NEWAREA2 | Oth Reas No Usc: Recently Moved-R2 | AC04 |
| DKWHRUS2 | Oth Reas No Usc: Dk Where to Go-R2 | AC04 |
| USCNOTA2 | Oth Reas No Usc: Usc Not Available-R2 | AC04 |
| PERSLAN2 | Oth Reas No Usc: Language-R2 | AC04 |
| DIFFPLA2 | Oth Reas No Usc: Different Places-R2 | AC04 |
| INSRPLA2 | Oth Reas No Usc: Just Changed Insur-R2 | AC04 |
| MYSELF2 | Oth Reas No Usc: No Docs/treat Self-R2 | AC04 |
| CARECOS2 | Oth Reas No Usc: Cost of Med Care-R2 | AC04 |
| OTHINSR2 | Oth Reas No Usc: Other Insur Reason-R2 | AC04 |
| OTHREA42 | Oth Reas No Usc: Other Reason (Ac04)-R2 | AC04 |
| TYPEPLC2 | Usc Type of Place-R2 | AC06, AC07 |
| PROVTYX2 | Provider Type-R2 | PV01, PV03, PV05, PV10 |
| YGOTOUS2 | Main Reason Pers Goes to Hosp Usc-R2 | AC08 |
| NOREAS92 | Oth Reas Go to Usc: No Oth Reas(ac09)-R2 | AC09 |
| LIKESUS2 | Oth Reas Go to Usc: Pref/likes Usc-R2 | AC09 |
| DKELSEW2 | Oth Reas Go to Usc: Dk Wh Else to Go-R2 | AC09 |
| AFFORD2 | Oth Reas Go to Usc: Can't Affrd Elsew-R2 | AC09 |
| OFFICE2 | Oth Reas Go to Usc: Dr Office at Opd-R2 | AC09 |
| AVAILTI2 | Oth Reas Go to Usc: Avail When Time-R2 | AC09 |
| CONVENI2 | Oth Reas Go to Usc: Convenience-R2 | AC09 |
| BSTPLAC2 | Oth Reas Go to Usc: Best for Cond-R2 | AC09 |
| INSREAS2 | Oth Reas Go to Usc: Insur-related-R2 | AC09 |
| OTHREA92 | Oth Reas Go to Usc: Oth Reas (Ac09)-R2 | AC09 |

| GETTOUS2 | How Does Persn Get to Usc Provider-R2 | AC09A |
| --- | --- | --- |
| TYPEPER2 | Usc Type of Provider-R2 | AC10, AC11, AC110V, AC12, AC12OV |
| LOCATIO2 | Usc Location-R2 | Constructed |
| MINORPR2 | Go to Usc for New Health Problems-R2 | AC14 |
| PREVENT2 | Go to Usc for Preventive Hlth Care-R2 | AC14 |
| REFFRLS2 | Go to Usc for Referrals-R2 | AC14 |
| OFFHOUR2 | Usc Has Office Hrs Nights/weekends-R2 | AC15 |
| APPTWLK2 | "When See Usc, Have Appt or Walk In-R2" | AC16 |
| APPDIFF2 | How Difficult to Get Appt with Usc-R2 | AC17 |
| WAITTIM2 | "With Appt, How Long Til Seen by Usc-R2" | AC18 |
| PHONEDI2 | How Difficult Contact Usc by Phone-R2 | AC19 |
| PRLISTE2 | Does Usc Prov Listen?-R2 | AC19A |
| TREATMN2 | Prov Ask about Other Treatments-R2 | AC19B |
| CONFIDN2 | Confident in Usc Prov's Ability?-R2 | AC19C |
| PROVSTA2 | How Satisfied with Usc Staff-R2 | AC19D |
| USCQUAL2 | Satisfied with Quality of Care-R2 | AC19E |
| CHNGUSC2 | Has Anyone Chang Usc in Last Year-R2 | AC20 |
| YCHNGUS2 | Why Did Person(s) Change Usc-R2 | AC21 |
| ANYUSC2 | Has Anyone Had a Usc in Last Year-R2 | AC22 |
| YNOMORE2 | Why Don't They Have a Usc Anymore?-R2 | AC23 |
| NOCARE2 | Did Anyone Go Without Health Care-R2 | AC24 |
| HCNEEDS2 | Satisfied Family Can Get Care-R2 | AC24A |
| OBTAINH2 | Anyone Have Difficlty Obtain Care-R2 | AC25 |
| MAINPRO2 | Main Reason Experienced Difficulty-R2 | AC25A |
| NOOTHPR2 | Difficulty: No Other Problems-R2 | AC26 |
| NOAFFOR2 | Difficulty: Couldn't Afford Care-R2 | AC26 |
| INSNOPA2 | Difficulty: Ins Company Won't Pay-R2 | AC26 |
| PREEXCO2 | Difficulty: Pre-existing Condition-R2 | AC26 |
| INSRQRE2 | Difficulty: Ins Required Referral-R2 | AC26 |
| REFUSIN2 | Difficulty: Dr Refused Ins Plan-R2 | AC26 |

| | | |
|---|---|---|
| DISTANC2 | Difficulty: Distance-R2 | AC26 |
| PUBTRAN2 | Difficulty: Public Transportation-R2 | AC26 |
| EXPENSI2 | Difficulty: Too Expen to Get There-R2 | AC26 |
| HEARPRO2 | Difficulty: Hearing Impair/ Loss-R2 | AC26 |
| LANGBAR2 | Difficulty: Language Barrier-R2 | AC26 |
| INTOBLD2 | Difficulty: Hard to Get into Bldg-R2 | AC26 |
| INSIDE2 | Difficulty: Hard to Get Around-R2 | AC26 |
| EQUIPMN2 | Difficulty: No Appropriate Equip-R2 | AC26 |
| OFFWORK2 | Difficulty: Couldn't Get Time Off-R2 | AC26 |
| DKWHERG2 | Difficulty: Dk Where to Go-R2 | AC26 |
| REFUSER2 | Difficulty: Was Refused Services-R2 | AC26 |
| CHLDCAR2 | Difficulty: Couldn't Get Child Care-R2 | AC26 |
| NOTIME2 | Difficulty: No Time/took Too Long-R2 | AC26 |
| OTHRPRO2 | Difficulty: Other-R2 | AC26 |

# HEALTH STATUS VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| RTEHLTH1 | Perceived Health Status (R1) | CE 1 |
| RTEPROX1 | Self/Proxy Rating Of Health (R1) | CE 1OV |
| MNTHLTH1 | Perceived Mental Health Status (R1) | CE 2 |
| MNTPROX1 | Self/Proxy Rating Of Mental Health (R1) | CE 2OV |
| IADLHLP1 | Iadl Screener (R1) | HE 2-4 |
| ADLHELP1 | Adl Screener (R1) | HE 5-6 |
| AIDHELP1 | Used Assistive Devices (R1) | HE 7-8 |
| WALKLIM1 | Limitations In Physical Functioning (R1) | HE 9-18 |
| LIFTDIF1 | Difficulty Lifting 10 Pounds (R1) | HE 11 |
| STEPDIF1 | Difficulty Walking Up 10 Steps (R1) | HE 12 |
| WALKDIF1 | Difficulty Walking 3 Blocks (R1) | HE 13 |
| MILEDIF1 | Difficulty Walking A Mile (R1) | HE 14 |
| STNDDIF1 | Difficulty Standing 20 Minutes (R1) | HE 15 |
| BENDDIF1 | Difficulty Bending/Stooping (R1) | HE 16 |
| RECHDIF1 | Difficulty Reaching Overhead (R1) | HE 17 |
| FINGRDF1 | Difficulty Using Fingers To Grasp (R1) | HE 18 |
| ACTLIMT1 | Any Limitation Work/Housewrk/School (R1) | HE 19-20 |
| WRKLIMT1 | Work Limitation (R1) | HE 20A |
| HSELIMT1 | Housework Limitation (R1) | HE 20A |
| SCHLIMIT1 | School Limitation | HE 20A |
| UNABLE1 | Completely Unable To Do Activity (R1) | HE 21 |
| SOCLIMT1 | Social Limitations (R1) | HE 22-23 |
| COGLIMT1 | Cognitive Limitations (R1) | HE 24-25 |
| HSELIG2 | Is Pers Eligible for HS Supplement | Constructed |
| RTEHLTH2 | Perceived Health Status (R2) | CE 1 |
| RTEPROX2 | Self/Proxy Rating Of Health (R2) | CE 1OV |
| MNTHLTH2 | Perceived Mental Health Status (R2) | CE 2 |
| MNTPROX2 | Self/Proxy Rating Of Mental Health (R2) | CE 2OV |
| IADLHLP2 | Iadl Screener (R2) | HE 2-4 |
| ADLHELP2 | Adl Screener (R2) | HE 5-6 |
| WEARGLA2 | Wears Eyeglasses Or Contacts | HE 26-27 |
| SEEDIF2 | Difficulty Seeing (W/Glasses/Contacts) | HE 28-29 |
| BLIND2 | Person Is Blind | HE 30 |
| READNEW2 | Can Read Newsprint (W/Glasses/Contacts) | HE 31 |
| RECPEOP2 | Can Recognize People (W/Glasses/Contacts) | HE 32 |
| VISION2 | Vision Impairment (Summary) | Constructed |
| HEARAID2 | Person Wears Hearing Aid | HE 33-34 |
| HEARDIF2 | Any Difficulty Hearing (W/Hearing Aid) | HE 35-36 |
| DEAF2 | Person Is Deaf | HE 37 |
| HEARMOS2 | Can Hear Most Conversation | HE 38 |
| HEARSOM2 | Can Hear Some Conversation | HE 39 |
| HEARING2 | Hearing Impairment (Summary) | Constructed |
| ANYLIM12 | Any Limitation (R1&R2) | Constructed |
| LIMACT2 | Limited In Any Activities (<5 Years) | HE 40-41 |
| PLAYLIM2 | Limited In Play Activity (<5 Years) | HE 42 |
| CANTPLA2 | Can't Participate In Usual Play (<5 Yr) | HE 43 |
| SPECPRO2 | In Special Program (<5 Years) | HE 44 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| DTPSHOT2 | Immunization For Dtp Shots (<7 Years) | HE 45 |
| NUMDTP2 | One Or Several Dtp Shots (<7 Years) | HE 46 |
| POLIOSH2 | Immunization For Polio (<7 Years) | HE 47 |
| NUMPOLI2 | One Or Several Polio Shots (<7 Years) | HE 48 |
| MMRSHOT2 | Immunization For Measles/Mumps/Rubella | HE 49 |
| HEPBSHT2 | Immunization For Hepatitis (<7 Years) | HE 49A |
| MOMPROB2 | Problem Getting Along With Mother (5-17) | HE 50 |
| DADPROB2 | Problem Getting Along With Father (5-17) | HE 50 |
| UNHAP2 | Problem Feeling Unhappy Or Sad (5-17) | HE 50 |
| SCHLBEH2 | Problem Behavior At School (5-17) | HE 50 |
| HAVEFUN2 | Problem Having Fun (5-17) | HE 50 |
| ADULPRO2 | Problem Getting Along With Adults (5-17) | HE 50 |
| NEVRAFR2 | Problem Feeling Nervous/Afraid (5-17) | HE 50 |
| SIBPROB2 | Problem Getting Along With Sibs (5-17) | HE 50 |
| KIDPROB2 | Problem Getting Along With Kids (5-17) | HE 50 |
| SPORPRO2 | Problem With Sports/Hobbies (5-17) | HE 50 |
| SCHLPRO2 | Problem With Schoolwork (5-17) | HE 50 |
| HOMEBEH2 | Problem With Behavior At Home (5-17) | HE 50 |
| TROUBLE2 | Problem Staying Out Of Trouble | HE 50 |
| SPECSCH2 | Need Special School Program (5-17) | HE 51 |
| SPECED2 | In Special Education  (5-17) | HE 52 |
| PROGTXT2 | Descrip of Spec Ed Progrm (5-17) | HE52A |
| SPCHTHE2 | Received Speech Therapy (5-17) | HE 52B |
| PSYCNSL2 | Psychological Counseling | HE 52B |
| OCUPTHE2 | Received Occupational Therapy (5-17) | HE 52B |
| VOCSVCS2 | Received Vocational Services (5-17) | HE 52B |
| TUTOR2 | Received Tutoring (5-17) | HE 52B |
| READINT2 | Uses Reader Or Interpreter (5-17) | HE 52B |
| PHYTHER2 | Received Physical Therapy (5-17) | HE 52B |
| LIFSKIL2 | Received Life Skills Training (5-17) | HE 52B |
| FAMCNS2 | Received Family Counseling (5-17) | HE 52B |
| RECTHER2 | Received Recreational Therapy (5-17) | HE 52B |
| OTHSVC2 | Received Other School Services (5-17) | HE 52B |
| CANTSCH2 | Limited/Unable To Go To School (5-17) | HE 53 |
| LMOTACT2 | Limited In Non-School Activity (5-17) | HE 54 |
| SPECIFL2 | What Type of Limitation (5-17) | HE54OV |
| HEALTHY2 | Child Resists Illness Well (0-17) | HE 55 |
| NTHLTHY2 | Less Healthy Than Same Age Kids (0-17) | HE 55 |
| GETSICK2 | Child Catches Things Going Around (0-17) | HE 55 |
| HIGHTFT2 | Child's Height – Feet (0-17) | HE 56 |
| HIGHTIN2 | Child's Height – Inches (0-17) | HE 56 |
| WEIGHLB2 | Child's Weight – Pounds (0-17) | HE 57 |
| WEIGHOZ2 | Child's Weight – Ounces (0-17) | HE 57 |
| CHLDLIM2 | Child Has Any Limitation (0-17) | Constructed |
| ALTCAR96 | Any Alternative Care Use '96 | AP 1 |
| ACUPUN96 | Person Received Acupuncture '96 | AP 2 |
| NUTRIT96 | Person Received Nutritional Advice '96 | AP 2 |
| MASSAG96 | Person Received Massage Therapy '96 | AP 2 |
| HERBAL96 | Person Purchased Herbal Remedies '96 | AP 2 |

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| BIOFDB96 | Person Received Biofeedback '96 | AP 2 |
| MEDITA96 | Person Received Meditation Training '96 | AP 2 |
| HOMEOT96 | Person Received Homeopathic Therapy '96 | AP 2 |
| SPIRTU96 | Person Received Spiritual Healing '96 | AP 2 |
| HYPNO96 | Person Received Hypnosis '96 | AP 2 |
| TRADIT96 | Person Received Traditional Medicine '96 | AP 2 |
| ALTOTH96 | Person Received Other Alternative Tx '96 | AP 2 |
| MASSTH96 | Person Saw Massage Therapist '96 | AP 3 |
| ACUPTH96 | Person Saw Acupuncturist '96 | AP 3 |
| MDTREA96 | Per Saw Physician For Alternative Tx '96 | AP 3 |
| NURTRT96 | Person Saw Nurse For Alternative Tx '96 | AP 3 |
| HOMEOM96 | Pers Saw Homeopathic/Naturopathic Doc 96 | AP 3 |
| CHIRO96 | Person Saw Chiropractor '96 | AP 3 |
| CLERGY96 | Person Saw Clergy Or Spiritualist '96 | AP 3 |
| HERBTR96 | Person Saw Herbalist '96 | AP 3 |
| OTHALT96 | Pers Saw Oth Practitioner For Alt Tx '96 | AP 3 |
| ALCRVS96 | Num Of Visits To Alternative Care '96 | AP 4 |
| ALCRVE96 | Estimated Number Of Alt Tx Visits '96 | AP 4A |
| ALCRSP96 | Used Alt Care For Specific Hlth Prob '96 | AP 5 |
| DISCAL96 | Discussed Alt Care With Regular MD '96 | AP 7 |
| REFRMD96 | Referred By Physician For Alt Tx '96 | AP 8 |
| ALCREE96 | Estimate Total Amt Spent For Alt Care | AP 9 |
| ALCREX96 | Range Of Amount Spent | AP 10 |
| INSALT96 | Did Insurance Pay For Care | AP 11 |
| PERCIN96 | Est Percent Paid By Insurance | AP 11A |
| PALTEX96 | First Total Spent On Alt Remedies | AP 11B |
| PALTEE96 | Range Spent On Alt Remedies | AP 11C |
| DENTCHK3 | Dental Checkup Frequency (R3) | AP 12 |
| BLDPCHK3 | Time Since Blood Pressure Check (R3) | AP 15 |
| CHOLCHK3 | Time Since Cholesterol Check (R3) | AP 16 |
| PHYSICL3 | Time Since Complete Physical (R3) | AP 17 |
| FLUSHOT3 | Time Since Flu Shot (R3) | AP18 |
| WEARDEN3 | Person Wears Dentures (R3) | AP 18A |
| LOSTEET3 | Person Lost All Adult Teeth (R3) | AP 18B |
| PROSEXA3 | Time Since Prostate Exam (R3) | AP 19 |
| PAPSMER3 | Time Since Pap Smear (R3) | AP 20 |
| BRSTEXA3 | Time Since Breast Exam (R3) | AP 21 |
| MAMOGRM3 | Time Since Mammogram (R3) | AP 22 |

## WEIGHTS VARIABLES

| VARIABLE | DESCRIPTION | SOURCE |
|---|---|---|
| WGTRU2T | Family Level Round 2 Weight | Constructed |
| WGTSP2T | Person Round 2 Weight | Constructed |
| VARSTRT2 | Variance Estimation Stratum - Round 2 | Constructed |
| VARPSU2 | Variance Estimation PSU - Round 2 | Constructed |
| WTFAMF96 | Poverty Adjusted Family Weight | Constructed |
| WTCFAM96 | Pov Adj Family Wgts-Cps Fam On 12/31/96 | Constructed |
| WTDPER96 | Poverty/Mortality Adj Person Weight | Constructed |
| VARSTR96 | Variance Estimation Stratum-1996 | Constructed |
| VARPSU96 | Variance Estimation Psu-1996 | Constructed |

**Appendix 1**

# Appendix 1

## Summary of Utilization and Expenditure Variables by Health Service Category

| HEALTH SERVICE CATEGORY | UTILIZATION VARIABLE(S) | EXPENDITURE VARIABLE(S)[1] |
|---|---|---|
| *All Health Services* | -- | TOT***96 |

| **Office Based Visits** | | |
|---|---|---|
| **Total Office Based Visits (Physician + Non-physician + Unknown)** | OBTOTV96 | OBV***96 |
| Office Based Visits to Physicians | OBDRV96 | OBD***96 |
| Office Based Visits to Non-Physicians | OBOTHV96 | OBO***96 |
| Office Based Visits to Chiropractors | OBCHIR96 | OBC***96 |
| Office Based Nurse or Nurse Practitioner Visits | OBNURS96 | OBN***96 |
| Office Based Visits to Optometrists | OBOPTO96 | OBE***96 |
| Office Based Physician Assistant Visits | OBASST96 | OBA***96 |
| Office Based Physical or Occupational Therapist Visits | OBTHER96 | OBT***96 |

| **Hospital Outpatient Visits** | | |
|---|---|---|
| **Total Outpatient Visits (Physician + Non-physician + Unknown)** | OPTOTV96 | -- |
| Facility Expense | -- | OPF***96 |
| SBD Expense | -- | OPD***96 |
| | | |
| **Outpatient Visits to Physicians** | OPDRV96 | -- |
| Facility Expense | -- | OPV***96 |
| SBD Expense | -- | OPS***96 |
| | | |
| **Outpatient Visits to Non-Physicians** | OPOTHV96 | -- |
| Facility Expense | -- | OPO***96 |
| SBD Expense | -- | OPP***96 |

| **Emergency Room Visits** | | |
|---|---|---|
| **Total Emergency Room Visits** | ERTOT96 | -- |
| Facility Expense | -- | ERF***96 |
| SBD Expense | -- | ERD***96 |

| **Inpatient Hospital Stays (Including Zero Night Stays)** | | |
|---|---|---|
| **Total Inpatient Stays (Including Zero Night Stays)** | IPDIS96, IPNGTD96 | -- |
| Facility Expense | -- | IPF***96 |
| SBD Expense | -- | IPD***96 |
| | | |
| **Zero night Hospital Stays** | IPZERO96 | -- |
| Facility Expense | -- | ZIF***96 |
| SBD Expense | -- | ZID***96 |

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[1] See key at end of table for specific categories for ***.

| *Dental Visits* | | |
|---|---|---|
| **Total Dental Visits** | DVTOT96 | DVT***96 |
|     General Dental Visits | DVGEN96 | DVG***96 |
|     Orthodontist Visits | DVORTH96 | DVO***96 |

| *Home Health Care* | | |
|---|---|---|
| **Total Home Health Care** | HHTOTM96, HHTOTD96 | -- |
|     Agency Sponsored | HHAGM96, HHAGD96 | HHA***96 |
|     Paid Independent Providers | HHINDM96, HHINDD96 | HHN***96 |
|     Informal | HHINFM96, HHINFD96 | -- |

| *Other* | | |
|---|---|---|
| Vision Aids | -- | VIS***96 |
| Other Medical Supplies and Equipment | -- | OTH***96 |
| Prescription Medicines[1] | RXTOT96, RXFREE96 | RX***96 |

KEY: To complete variable name, replace \*\*\* with a particular source of payment category as identified in the following table:

| **Source of Payment Category** | **\*\*\*** |
|---|---|
| Total payments (sum of all sources) | EXP |
| Out of Pocket | SLF |
| Medicare | MCR |
| Medicaid | MCD |
| Private Insurance | PRV |
| Veteran's Administration | VA |
| CHAMPUS or CHAMPVA | CHM |
| Other Federal Sources | OFD |
| Other State and Local Sources | STL |
| Workers' Compensation | WCP |
| Other Private | OPR |
| Other Public | OPU |
| Other Unclassified Sources | OSR |
| | |
| Total charges[1] | TCH |

[1]No charge variables on file for prescription medicines.